VICTIMISATION EXPERIENCES AND COPING STRATEGIES OF WOMEN WITH DISABILITIES IN LAGOS STATE

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CERTIFICATION

I certify that this research, titled **Victimisation Experiences and Coping Strategies of Women with Disabilities in Lagos State** was carried out by **Muhammed Faisol Olaitan**, Matriculation Number **160836**, for the award of Doctor of Philosophy (Ph.D.) in the Department of Sociology, University of Ibadan, Ibadan, Nigeria under my supervision.

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DEDICATION

To the Supreme Being who made it possible for me against all odds and to my maternal grandparents for nurturing and supporting me right from birth till this moment.

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ABSTRACT

People with Disabilities (PWDs), especially women, suffer multiple victimisation. This is worsened by cultural beliefs, diseases, poverty and violent attacks. Although extant literature shows the enormity of problems that PWDs face, gaps persist on how women with disabilities (WWDs) construct and cope with victimisation experiences. This study, therefore, examined the social construction of disability, victimisation experiences of WWDs, interventions of state and non-state actors in disability matters and coping strategies of WWDs in Lagos State, Nigeria.

Critical Disability Theory guided the study, while the exploratory design was adopted. Purposive sampling technique was used to select and collect primary data from forty-four participants in Lagos State, where disability laws in Nigeria was first established. The Lagos State Office of Disability Affairs (LASODA) and seven Disabled People Organisations (DPOs) that focused on different types of disabilities were purposively selected. Ten key-informant interviews were conducted with non-state actors, which included seven Heads of the Disabled People Organisations (DPOs) and three state actors, (a policeman, a lawyer and a LASODA official). The state and non-state actors were selected because of their regulatory and intervention roles in PWDs matters. Thirty-one victimised WWDs chosen through snowballing participated in the in-depth interviews to document their victimisation experiences and coping strategies. Three victimised WWDs each were sampled from the seven DPOs (21), 10 destitute WWDs were recruited at Ikeja (4), Iyana-Ipaja (2), Surulere (2) and Ikorodu (2) motor parks. Three WWDs with modest career successes were purposively selected for case studies to explore the complexities of the victimisation and mode of adjustments. Data were analysed using inductive-content and narrative analyses.

Twenty-three participants were married, while fifteen were unmarried. Fourteen participants had visual disability, while twenty-nine had physical disability. Victimised WWDs constructed themselves as "normal" but their significant others (relatives/acquaintances/caregivers) constructed them variously as evil, charity cases, asexual and intellectually deficient. Negative social constructions were influenced by cultural and religious beliefs about disability and led to multiple victimisation with harmful consequences on the life chances of WWDs. Victimisation experienced were physical (beating, poisoning, forceful feeding/administration of drugs and sexual assaults) and non-physical (stigmatisation, pity, denial of medication, intimidation and deprivation) with multiple victimisation being perpetrated by partners, relatives, health/primary care providers and acquaintances. Ill-will, aggression and structural barriers affected the competences, self-esteem and daily activities of WWDs, and prevented them from setting life goals and accessing socio-economic opportunities. The LASODA is the major state actor performing regulatory and intervention roles on WWDs' victimisation. Non-state actors such as the DPOs investigate and prosecute victimisers and organise seminars to improve the lives of WWDs. However, these interventions have not curbed victimisation due to challenges of implementing disability laws, unavailability of well trained personnel and data on WWDs. Women with disabilities coped with victimisation by devising task-focused, emotion-focused and avoidance-focused strategies.

Social construction of disabilities exposed women with disabilities to victimisation in Lagos State by significant others. State and non-state actors should effectively implement and enforce extant disability laws to mitigate victimisation of women with disabilities in Nigeria.

Keywords: Women with disability, Coping with victimisation, Disabled People Organisation, Lagos State Office of Disability Affairs

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LIST OF ACRONYMS

CRPD/UNCRPD: Convention for the Rights of People with Disabilities/United Nations Convention for the Rights of People with Disabilities

DPO(s): Disabled People Organisation(s)

ICF: International Classification of Functioning, Disability and Health

LASODA: Lagos State Office of Disability Affairs

LSSPL: Lagos State Special People's Law

PWDs: Persons with disabilities

UN: United Nations

UNDP: United Nations Development Programme

WHO: World Health Organisation

WWDs: Women with disabilities

CHAPTER ONE
INTRODUCTION

1.1. Background to the study

People with all forms of disabilities comprise approximately 15 per cent of the world's population. Out of this, more than half are living in developing countries, and constitute one of the poorest, marginalised and excluded social groups (World Bank,2021). Unfortunately, there is inaccurate statistics on people with disabilities in Nigeria. However, the United Nation's projection on people with disabilities indicates that 1 out of 10 Nigerians has one disability or the other. While a report by the World Health Organisation (WHO) estimates that approximately 20% of Nigeria's population is living with one form of disability or the other (WHO,2011). This leaves the population of people with disabilities to be estimated around 27 million (Voice of Disability Initiatives, 2019). It was gathered in an interaction during the field work of this study that 15 million of the 27 million Nigerians who have disabilities are women and girls. This figure continues to rise as a result of insurgency, harmful reproductive health practices, diseases, poverty and victimisation (Nda-Isiah, 2015; Oyaro, 2015).For the purpose of this study, victimisation experiences of women living with visual and physical disability in Lagos State were focused on.

Any form disability can be caused by accidents, traumas, genetic compositions, diseases, congenital defects, hereditary factors or environmental influences that may limit a person's mobility, hearing, vision, speech or cognitive function. Women and girls with disabilities are mostly affected and have limited access to healthcare and other humanitarian services due to structural and social barriers such as inaccessibility of physical structures, stigmatisation, stereotyping, marginalisation and poverty (Ogundola, 2013). In January 2019, Discrimination Against Persons with Disabilities (Prohibition) Act, 2018 was signed into law in Nigeria following nine years of stern advocacy. In the Act, discriminations against People with Disabilities (henceforth the PWDs) are prohibited while fines and prison terms are imposed as sanctions on anyone who violates them. The law also creates a National Commission for Persons

with Disabilities (NCPD) which responsibilities are to ensure that the PWDs have access to housing, education, healthcare, legal representations, employment opportunities, physical structures and participation in public life. The establishment is put in place to debar the violation of the PWDs' rights. A transitional period of five years was stipulated in the law for the commission to modify public buildings and other necessary structures to make them accessible for the PWDs (Ewang, 2019). At the state level, the local initiatives on protection of the PWDs have been intensified since 2011 in Lagos State and in some other states such as Imo, Ogun and few others. The passage of these disability laws has shown that the challenges of the PWDs are gradually receiving policy attention. However, effective measures to ensure the full implementation of these laws are not in place. Thus, the PWDs still remain at the margin of society. This study, therefore, explores the victimisation experiences and coping strategies of Women with Disabilities (henceforth, the WWDs) in Lagos State, Southwest Nigeria.

Victimisation is a global epidemic that encompasses physical, psychological and emotional tortures of the WWDs. It may also result in their eventual death. The WWDsare likely to lack access to job opportunities and formal education, be stack illiterate, be vulnerable to abuse, experience worse health conditions and, lack access to support networks and social capital than women without disabilities. These lacks of access occasion poverty and its consequences (Abang, 1988; Yeo, 2005 and Ogundola, 2013). Victimisation is regarded as a pervasive form of human rights infringement that denies the WWDs their security, equality, respect, self-esteem and right to enjoy fundamental freedom (Jacob and Park, 2020). Furthermore, the combination of the disadvantages brought about by their gender and disability increase the susceptibility of the WWDs to dangers and risks. Quoting the United Nations, Hunt (2002:58) observes that "the combination of male preference in many cultures and the universal devaluation of disability can be traumatic and deadly for females with disability". Consequently, in remote or indigenous communities, the WWDs are more likely to grapple with greater forces which exclude them based on their gender, disability, hereditary and/or culture and legacy (Project Alert, 2017; Groce, 2006). Therefore, the plight of the WWDs is not the simple sum of the barriers faced by the PWDs and the barriers faced by women. Rather, it is the combination of their disabilities, inferior status as women and high level of poverty. This combination

goes beyond the mechanical and multiple experience of victimisation to a circumstance of utter social alienation, legal exclusion and political neglect (Lang and Upah, 2008).

As indicated in the social model of disability, victimisation constitutes a 'barrier to being' that influences the sense of well-being hence, playing a significant role in the process that has been referred to as 'psycho-passionate disablism' (Connors and Stalker, 2007; Chatzitheochari, Parsons and Platt, 2015). Concurrently, previous research (Chatzitheochari, Parsons and Platt, 2015) has found that perceived peer supports, social services and care constitute important coping mechanisms for the WWDs and engender better social, academic and economic adjustments. The non-availability of these mechanisms could undermine self-efficacy (Klassen, 2002) and add to the adverse psycho-social outcomes usually found among women who has disability. Hence, they reinforce the social disparity that renders disabilities as crucial markers of social inequality and victimisation. The study takes these insights as critical departure points as it examines victimisation experiences and coping strategies of the WWDs in Lagos State, Nigeria.

1.2. Statement of the problem

A tragedy of the contemporary reality is that the WWDs suffer multiple jeopardy (gender-based discrimination, negative social conditioning, socio-cultural construction and poverty) and are more susceptible to victimisation than those without disabilities. Women with disabilities living in low-income and poor countries like Nigeria face various forms of victimisation such as robbery attacks; burglaries; verbal, symbolic and physical sexual assaults; batteries; violence; social, political and economic exclusions; harassments and other abuses from members of the public and their acquaintances (Cotter, 2018; Olofsson, Lindqvist, and Danielsson, 2015). Most of them are living a life of absolute dependency and sufferings (Haruna, 2017; Project Alert, 2017) and their voices are muted; their inclusiveness have largely been invisible within development policies (Iudici, Bertoli, and Faccio, 2017)and their socio-economic conditions, legal and political statuses remain an issue of concern in Nigeria and Africa as a whole. Worse still, their conditions and what they experience are insufficiently researched in Nigeria.

Reports on the victimisation of women and girls with disabilities have been a recurring headline in Nigerian newspapers and other media. For an instance, in 2012, the *Vanguard* (a Nigerian newspaper) reported a case of Miss Blessing Monday, a 19-year-old girl with a physical disability who was gagged and raped to death by an assailant in Epe area of Lagos State. Before her death, Blessing had lived a life of abandonment and rejection. Also, the same newspaper reported a case in Tudun Wada quarters, Gombe State, in which another 26-year-old woman with a mental health disability was raped by Ahmed Manu (Kumolu, 2012). In another media report, a 20-year-old Opeyemi Olatoke, who was said to have been struck with "mysterious disabilities" since age four was abandoned and confined in an isolated family house by her parents and siblings for five years because of her physical disabilities. She was left alone in the entire building with all the entry doors put under total lock without electricity supply with just a small window opened (Agbor, 2021). According to a Lagos based non-governmental organisation, cases of the victimisation of women with disabilities are on the increase: 32 cases of rape and assault of the WWDs were reported in 2003, there were 46 reported cases from December 2004 to November 2005 (Kumolu, 2012) among many others that went unreported formally. During the pilot interview session with the officials of Lagos State Office for Disability Affairs (LASODA), they stated that, so far, they have recorded and documented over 500 victimisation cases involving WWDs (*see Appendix 6)*. While these evidences show the enormity of the problem that the WWDs confront in the Nigerian society, scholarly reports of how these women construct their victimisation experiences are scarce. We do not also understand the ways that they interpret daily encounters and the mechanisms they have put in place to cope with these victimisations.

Furthermore, in Nigeria, many people are bearers of beliefs which stigmatise disabilities as retributions/curses from God or as consequences of past bad deeds. Few available studies (Abang, 1988; Haruna, 2017; Afolayan, 2014a) on disability in Nigeria show how the stigma around disability leads families to isolate their children and relatives who have disabilities from friends and neighbours. In a study on the challenges of the PWDs in Kano and Katsina, Haruna (2017) states that 95.5% of the WWDs disclose that they are rejected by their husbands, 66.1% are also rejected by their parents and 90.5% are discriminated against by members of their communities. These show that the WWDs are discriminated against, stigmatised and secluded by

those that are originally meant to care for them, socialise them and protect them from victimisation. This belief has manifested itself so much in the manner in which a child with disability or a PWD is treated within their families and the society as a whole. It was observed during the pilot study for the study that even parents who are literate would rather hide their relatives who have disabilities than expose them to distance- and non-family members because of the fear of been considered evil. When taken together, victimisation of the WWDs could easily become a social issue with deep cultural proclivities. Hence, there is the need to understand how victimisation manifests in the cultural beliefs of Nigerians which underlie the stigma that the WWDs experience in the society.

Lastly, because of the ineffective implementation of the disability laws, public misunderstanding of disability matters, lack of adequate statistics on the PWDs and lack of extensive advocacy and sensitisation programmes, majority of Nigerians construct the WWDs as objects of charity and beggars (Lang and Upal, 2008). Very few of the WWDs are recognised to have the ability to engage in petty trade and undertake menial jobs such as hair plating, cloth weaving and tailoring for survival (Aderinto, 1997). These leave about 60% of them unemployed and just about 4% of them with access to economic empowerment (UNDP, 2015). Due to all these vulnerabilities and victimisation experiences that poor policy implementation engenders, the WWDs have been left virtually unprotected and excluded from the mainstream society. It is against this background that this study gives attention to these identified gaps by exploring the social construction of disabilities, the nature of victimisation that the WWDs are exposed to, the roles of state and non-state actors in attenuating the victimisation of the WWDs and the coping strategies the WWDs have adopted in Lagos State.

1.3. Research questions
1. How are the WWDs socially constructed?
2. What is the nature of victimisation experienced by WWDs?
3. What are the roles played by state actors and non-state actors in handling cases of WWDs victimised?
4. What coping strategies are employed by victimised WWDs?

1.4. Research objectives

The study examined the victimisation experiences of WWDs and their coping strategies in Lagos state. The specific objectives were to:

1. examine the social construction of the WWDs;
2. investigate the victimisations encountered by the WWDs;
3. explore the roles played by state actors and non-state actors on victimisation cases involving the WWDs; and
4. investigate the coping strategies employed by the WWDs against victimisation.

1.5. Significance of the study

The study is a significant addition to the growing body of knowledge on victimisation experiences and treatment of PWDs especially WWDs. Findings of the study would contribute to an understanding of the copious hidden challenges facing the WWDs. Secondly, many PWDs, if not all, are faced with numerous challenges and, instances of violence and victimisation. Despite the sufferings and negative outcomes of the different forms of victimisation, many of the WWDs seem to lack the capacity to identify them as instances of victimisation. Moreover, their voices are often silenced. They do not know what to report, how to report and what channels of reporting victimisation to use. Their dependence on the perpetrators of victimisation against them for survival, care and housing, and their limited access to informed help sources make identifying and redressing cases of victimisation against them difficult. Consequent upon the aforementioned, this study becomes significant to all the PWDs. This study has qualitatively described the victimisation experiences of the WWDs, identified the acts that are detrimental to their well-being and advanced an understanding of the coping strategies they adopt.

Thirdly, the study has discovered that there are intervention programmes instituted by the state and non-state actors to protect and redress the victimisation of the WWDs. This study has identified the loopholes in these intervention programmes. It has also shown why all the actors must work together to better understand the dynamics of the

victimisation experiences of the WWDs. The actors' cooperation would foster the proper inclusion of WWDs in such programmes and aid the implementation of disability laws that will engender the protection of the WWDs from victimisation.

1.6. Scope of the study

According to the Lagos State Special People's Law, (LSSPL, 2010), disability is categorised into five major types. Though, there are many other identified categories of disability given in literature, but the Lagos State disability legal instrument submerged them under five major typeswhich are: physical disability, visual disability, vocal disability, hearing/auditory disability and mental disability.

Out of these categories identified by LSSPL (2010), the study focussed only on women with visual disability and some other forms of physical disabilities which includes those with handicaps, kyphosis (hunchback), spinal cord injury, and albinism. Other categories of the WWDs such as those with vocal, auditory and mental disabilities were left out owing to the lack of the linguistic skills to communicate with them.

1.7. Operationalisation of concepts

The following concepts are operationally defined for this study:

Disability: The study adopted the disability interpretation of the Lagos State Special People's Law (2010) which states that "Disability" is a state of substantial impairment of the physical, visual, vocal, auditory, sensory or mental capabilities of a person at birth or by injury/accident, sickness or its effect or congenital deficiency.

Coping strategy: The study defines coping strategy as the investment of conscious efforts to deal with personal and interpersonal problems for mastering, minimising and tolerating the stress and conflicts arising from having disabilities.

Woman with Disabilities (WWDs): In this study WWDs were those with visual disability and physical disabilities (which includes handicaps, kyphosis (hunchback), spinal cord injury, and albinism) which impairments, in interaction with various barriers hindered their full and effective participation in the society.

Victimisation: Victimisation refers to being at a receiving end of direct or threats physical, emotional, and/or financial harm. This includes, but not limited to, physical violence, sexual violence, stigmatisation discrimination, neglect and psychological/emotional abuse.

CHAPTER TWO
LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

There has been a growing interest in understanding the PWDs (women inclusive), their treatments and the social system put in place to protect them from victimisation. Therefore, this chapter contains discussions on the social construction of disability, causes of disabilities, victimisation and rates of victimisation, global trends on disability discourse, disability movement and other related subjects.

2.2. The social construction of disability

2.2.1. Concept of disability

From many decades, there have been difficulties in determining a universal definition of disability. This has made the meaning of disability to be understood in different ways (Fitzgerald, 2006; LoBianco and Sheppard-Jones, 2008; Haegele and Hodge, 2016). Conceptualisations are frequently impacted by professional associations and people who have the force or power to set up definitions in the public arena and manage knowledge formation and dissemination in specific fields (Brittain, 2004). According to Brittain, (2004), these organizations and individuals are called cognitive authorities.

Several disability models have either been altered or rejected due to narrow-minded perceptions or biases (Donoghue, 2003). For example, Haegele and Hodge, (2016), citing Humpage (2007), opine that discourses within the religious circuits, especially the Western Judeo-Christian religious order, framed the conception of disability. In

those conceptualisations, disability is credited to higher beings and it introduces openings for supernatural occurrences. This Judeo-Christian viewpoint on disability was dislodged by scientific knowledge advancements and exponents of the religious points of view were supplanted by specialists in scientific fields who assumed the roles of experts on cultural matters and the procedures for ensuring physical wellbeing.

However, this scientific knowledge expansion was not able to totally displace the cultural perspective on disability. Religious discourse is just a unit of every culture. Culture is described as an intricate system which encompasses beliefs, epistemologies, aesthetic productions, laws, communicative systems and other socially shared capabilities which man acquires in his discursive encounters with others and transfers from one age to the others. This shows that culture is the universal bedrock of every social structure and it is relative over time and space. Just like culture, the definition of any phenomenon located in a cultural context is relative. Therefore, many components of the African culture are imbibed in the culture. Disability as a phenomenon is mostly integrated into the African cultural formations and its definition and social construction are determined by the culture. These definitions and constructions may contradict medical and scientific perceptions of disability. Hence, the cultural cognitive authorities still hold onto their cultural beliefs, and with this, the contestation of a clear definition of disability keeps being an ongoing discourse.

As a result of the above, numerous specialists in cognitive science have not been convenient with the adoption of a significantly global understanding of disability coming from established researchers and the social setting. Disabled Peoples' International (DPI), along with other major international organisations, summarises the reason for this as follows:

1. different definitions are used in different countries' legislations;
2. most adopted definitions are medical in orientation;
3. translations of different definitions are difficult because their original socio-cultural structures differ;
4. there are divergences in countries' acceptability of definitions and in the international classification of disability (Akhihiero, 2011).

Thinking about these elements, characterising disability and the certain politicking in the disability rights development makes the topic a consistent discussion. For this, it would be ideal to re-examine the different meanings of disability in this explication. This will enable one to arrive at some clear-cut definitions of disability and aid some classifications and identifications of what constitutes a disability. People classified as those with disabilities abound in every society- both developed and developing. People with Disabilities (PWDs) have been classified and identified with various labels such as special needs, handicapped, impaired, sick person, infirmed, exceptional people and many more. The following are some conceptions of disability across the literature:

From the World Health Organization (WHO) (1990, 2001, 2012) documentations, disability is characterised as a dynamic variable comparable to conditions. It is an impedance or irregularity of mental, physiological or anatomical structures or capacities; it incorporates diverse encounters that influence an individual's body and limits their capacity to play out a movement as expected. Disability encompasses action impediment and restrictive participation; it is a result of the interaction among impairment and negative natural effects. Most individuals, at certain points in their lives, will encounter one kind of disability or the other.

The Union of the Physically Impaired Against Society (UPIAS) characterises disability as the drawback or limitation of engagement brought about by a contemporary mode of social arrangement which takes practically a zero record of individuals who have actual physical limitations which exclude them in social engagements. Physical disability is along these lines a specific type of social oppression (UPIAS, 1981: 14).

Another definition conceives disability as the society-wide and cross-temporal limitations in the performance of certain tasks that society imposes on an individual (Lambo, 1981; World Report on Disability, 2011). While the Americans with Disabilities Act (ADA, 1990) depicts disability as cognitive or physical limitations that incapacitate one from engaging in everyday living (ADA, 1990). The US Equal Employment Opportunity Commission (2009) attests to the fact that the ADA definition necessitates the meeting of set standards that define inability. The criteria include: having an impairment (e.g. biological or emotional disorder that

affects bodily or mental processes);being substantially restricted (e.g. restriction from executing some tasks as others in the society); andnot having the option to significantly freely take part in regular and daily engagements (for example self-care, strolling, standing, talking, learning, and completing passionate/mental works) (American Disabilities Act, 1990).

The Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities (2008), Article 1, characterised the PWDs to incorporate the individuals who have long-drawn physical, mental, cognitive or tactile impairments which, in connection with different barriers, may upset their full and viable existence in the public arena on an equivalent premise with others.

Furthermore, the Nigerian federal government, in its opening memorandum on the Discrimination Against Persons with Disabilities (Prohibition) Act, embraced the CRPD (2008) conception of disability. However, it went further to give a more unequivocal meaning of disability as "the point when an individual receives temporary or permanent Certificate of Disability which may subsist for a substantial temporal frame, restrict their functional capacities, fundamentally diminish their perseverance and debar their performance of daily routines" (Discrimination Against Persons with Disabilities (Prohibition) Act, (2018), Part X, pp. 18-19).

Many at times, the various definitions of disability are overlapping and sometimes distinct. This has brought about a complexity in its conceptualisation. During the 70s, Disabled People Organizations (DPOs) and experts in disability studies tremendously criticise the interchange of the terms- disability and impairment. It was claimed that the interchange of these concepts is misleading and serves as a poor guide for policymaking and service provision(WHO International Classification of Functioning, Disability and Health (WHO/ICF), 2007). These ideas were reflected in medical approaches which overlooked the inadequacies of the actual society within which disabled individuals operate (Smith, 2007; Etieyibo and Omiegbe, 2016). For this, disability specialists and experts in ancillary fields cautiously recognise the distinction between impairment and disability. People are supposed to be impaired in the event that they experience or are seen by others to encounter physiological or cognitive statuses which are socially recognised as disorders or diseased conditions. Somebody

is supposed to be disabled in the event that they are restricted and cannot work in a space because of the hampered interaction between their inherent capabilities, environmental factors and personal dispositions (WHO/ICF), 2001). From the ICF perspective, disability is described as the extent of an individual's functionality in an area of life considering the effects of their environment and their personal features (Bostan et al., 2015).

More or less, disability exists when individuals experience social segregation because others perceive them to be functionally limited (Kasnitz and Shuttleworth, 2001). Hence, disability is the umbrella term for all types of impairments. According to the WHO/ICF (2007), functioning limitations are described to occur at three major levels:

1. body functioning and structures: This occurs when an individual cannot move their legs or any other part of their body.
2. activities: This happens when an individual has a difficulty walking, talking or seeing, and combining body functions to perform a particular task.
3. participation: This occurs when an individual cannot work or combine a group of activities to fulfil a social and functional role because of environmental barriers such as the non-provision of ramps for a wheelchair user.

From the foregoing, it can be inferred that disability is the aggregate of physical (talking, seeing, hearing, walking) and mental (thinking and reasoning) limitations in a particular area of living or across areas of human engagements. The limitations range from the minor to the severe. For each area, the degree of functionality that is experienced by an individual relies upon the inborn capacity of the individual's body and the characteristics of the individual's current environmental circumstance which can either lower or raise the individual's capacity to partake in the general public (Oyaro, 2015).

From all the foregoing, it can be deduced in summary that the social condition of disability reduces the capacities of those living with it to complete their typical day by day schedules. Such incapability result from accidents, diseases, defects at birth and environmental hindrances. The impact of their incapacity should be considerable and

ought not be unimportant. Additionally, the impact should be unfavourable and long-drawn. Somebody is supposed to be disabled in the event that they had been impaired or considered incapacitated based on certain social expectations. Such debilitations incorporate physical, tangible or formative handicaps. Subsequently, an individual can be viewed as incapacitated because of his inability to achieve certain social projections and partake completely in the activities of their immediate communities. Subsequently, if an individual see being disabled as an outright reality, their perception indicates their lack of capacity to change their own conditions. Hence, they figure out how to live with disability. They live with the limitations brought about by their disabilities and forge ahead even if the physical problems are not reversed. Additionally, note that individuals with disabilities have their own meanings of disability. For instance, Amina who went to a rehabilitation facility in Kakuri (Kaduna State) characterised a PWD with reference to complete physical incapability. She insists that only a corpse is indeed a disabled person (UNDP, 2015).

2.2.2. Socio-cultural construction of disability in Nigeria

In Nigeria, there is the historical comprehension of disability based on myths, religions and cultures. People with disabilities were regarded as spirit-possessed people or as being punished by some supernatural entities for past negative deeds. These notions are still affirmed in some cultures in recent times (Etieyibo and Omiegbe, 2016). The socially-ascribed statuses of individuals in a society depend on the prevailing culture. Several internal and external socio-cultural dynamics shape cultural and religious conceptions. Social standards are set by cultural frameworks. Murphy (1990) notes that socio-cultural considerations determine what disability in a society is. Therefore, the conceptions of disability differ from one culture to the other.

Furthermore, a society's size also dictates its perception of disability. According to Wright (1960), different perspectives on disability exist between societies whereby the PWDs are seen as bringers of good luck and while some others see them as bringers of evil (cited in Franzen, 1990). For example, in a society like DR Congo, every human entity falls under either of the two broad categories- human and non-human. To them, the PWDs belong to the category of "non-human" and are believed to bring misfortune to their families and societies (Devlieger, 1998; Bannink, Stroeken, Idro and van Hove, 2015). In small societies, close interactions between individual

members are the norms; each individual may have extended and multi-strand relationships with other members of that society (Sheer and Groce, 1988). Individuals may interact in the course of economic production, during leisure time or while participating in ceremonies. Social identities in these small societies are based on family, clan and other social groupings, not an individual's physical characteristics. However, in a heterogeneous society, the PWDs have been misunderstood, and this has led to their negative construction, perception and treatment.

In Nigeria's cultural context, the prevailing constructions of disability are derived from religious, traditional and medical models. To a large extent, many Nigerians still regard disability as divine acts, consequence of witchcraft attacks, punishment for past negative deeds and reincarnation (Afolayan, 2015). Giving an instance, some Nigerian cultural groups hold the viewpoint that disability forms like mental incapability and epilepsy are consequences of attacks by demonic spirits. This conception determines the kind of intervention given to the person. It is a common practice in local/traditional mental healthcare facilities to chain down mentally affected persons. Different kinds of prayers and rituals are made for the cure of those with mental health disability (Etieyibo and Omiegbe, 2016). The social identities of the PWDs are constructed and mostly based on their physical characteristics rather than their relationship ties.

In the 19th and 20th century, development in medical sciences highlights the medical basis of disability which shows that disability constitutes challenges to the persons living with them and call for medical interventions. The inception and popularity of the social approach to disability challenged the medical model of explaining disability. The social model underscores the socially-orchestrated impediments (like negative perceptions, stigmatisation and discriminatory attitudes) that PWDs encounter on daily basis. Mehta (1978), Ogbue (1981), Obani and Doherty (1984), Ikpaya (1990), Afolabi (1990) and Ozoji (1990) call attention to the notion that PWDs experience being negatively perceived in the society. The social model tenaciously holds the view that disability constitutes a social impediment rather than an individual one. Therefore, the removal of the social barriers is what is needed to be considered and not just medical cure as postulated by the medical models (WHO, 2010). To overcome these perceptions and remove these barriers, a requisite step is a

comprehensive public education scheme (Eskay, Onu, Igbo, Obiyo and Ugwuanyi, 2012). Yet, many Nigerians still find it difficult to dislodge the many perceptions, beliefs and negative attitudes they have towards the PWDs.

These perceptions are shared across Nigeria and such points of view impact the citizen's perception of the PWDs in similar modes. According to Onwuegbu (1977), Abang (1988), Ozoji (1990), Marten (1990) and Eskay (2009), the factors which occasion the negative representations of the PWDs are linked with supernatural forces, disrupting family standards, attacks from wizards and witches, marital infidelity, disrespecting the elders, contacting illegal marriages and being possessed by demonic spirits.

Furthermore, disability is a globally sanctioned concept that is conceived differently in psychological and physiological terms in variegated societies (Klotz, 2003; Rao, 2004). Disability is defined by culture but copious indigenous groups lack exact terms for denoting disability in their respective languages. Hence, in most cases, they lump together disability, impairment and handicap (Coleridge, 2009). As noted in previous sections, these concepts are slightly different contextually. While disability is used as a social construct of body deformation, impairment is mostly used as a medical construct while living with handicap is just a type of either disability or impairment depending on the contextual use. However, traditional societies possess lexical items for certain disabilities like being blind, deaf, epileptic, diabetic etc. because the ways societies perceive the PWDs are determined by the different cultural variables and the nature of the defects.

According to Klotz (2003), there are social, cultural and biological perspectives to disability and they all have some nexus. Cultural beliefs in Nigeria affect every aspect of the lives of the WWDs. Cultural perceptions and actions determine how members of the society engage with the WWDs, their immediate family members and their acquaintances. Social groups and individuals make sense of disability from culturally-determined points of view. Therefore, culture affects the way female PWDs engage with their relatives and determine the extent of their participation in social networks and events. Individuals derive much welfare support from the extended family practices. Mainly, the PWDs receive supports from their relatives and formal state agencies in their areas of basic life provisions. PWDs depend on their families

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completely. Thus, their access to formal education is predicated on their family's resources and the family's level of formal education. The probability of a PWD undergoing formal education increases if his immediate relatives have also gone through formal schooling (Oniye, 2004). Different societies place variegated importance on the integration of PWDs in the social frameworks.

Kuno (2007) opines that social perceptions of disability affect the set policies and services that are formally established to cater for the yearnings of the PWDs. Many Nigerians do not know the causative factors for disability. Negative attitudes to disability subsist which emanate from the Nigerians cultural beliefs. The PWDs are regarded as victims of ill-luck; hence, they become objects of pity. People refrain from expecting a PWD to have significant accomplishments. A WWD is further discriminated against as their gender traditionally accords them low statuses because of the societal patriarchal tendencies. The WWDs experience much poverty in Nigeria; they mostly become destitute and beggars. Ironically, the society fosters the beggarly statuses given to the PWDs and prefers being charitable towards them than facilitating their formal employment and being properly sheltered. Evidently, a society's treatments of the PWDs ensue from the society's sustained definition of disability (Klotz, 2003).

2.2.3. Disability as culture

Some theorists hold the view that PWDs may constitute a culture or subculture. One of such is the popular Deaf Culture (Stiker, 1999; Reid-Cunningham, 2009). Citing an instance, Nagler, 1993, cited in Reid-Cunningham, 2009, reports that about 74% of the PWDs in the United States of America feel the sense of a unified cultural identity with the other PWDs and 45% conceive themselves as members of a minority (Nagler, 1993, cited in Reid-Cunningham, 2009). Some anthropologists and disability studies experts have orchestrated the idea that there should a formal endorsement of the PWDs as a minority group but other advance a further disaggregation of the PWDs into the diverse groups therein because they lack homogeneity (Susman, 1994; Gleeson, 1997).

Most commonly, the constitutive aspects of culture are identified to be shared linguistic codes, history of origin, significantly homogenous community, solidarity,

acculturation modes, generational nexuses and being distinguished from similar groups (Peters, 2000). Many groups of PWDs, especially the hearing-impaired ones, meet the set parameters and label themselves as the deaf culture. Ingstad and Whyte (1995:17) calls attention to the preponderance of endogamy and clear cultural demarcation in his characterisation of the deaf community. Researchers continue to interrogate the constitution of cultural formations by PWDs and the PWDs contribute original insights into the discourse.

2.2.4. Causes of disability

According to the Nigerian Federal Ministry of Women Affairs and Social Development (2016), a number of variables account for the increasing number of the PWDs and their attendant social exclusion. These factors include: Communicable diseases (polio, trachoma, leprosy, malaria, river blindness, tuberculosis, bilharzia), sexually transmitted diseases (including AIDS) and other parasitic diseases; dietary deficiencies (protein-energy malnutrition, lack of vitamin and significant mineral deficiencies); non-communicable somatic diseases (epilepsy, arthritis, cancer, diabetes and other respiratory disorders); female circumcision; stress-related and party genetic functional psychiatric conditions (e.g. schizophrenia); congenital or drug-induced mental impairments; solely hereditary ailments (such as blindness, deafness, spinal disorder, spinabifida and muscular dystrophy); domestic/traffic/occupational accidents; prenatal conditions (e.g. cerebral palsy); Civil wars, communal wars, armed robberies and others.

2.3. Victimisation

According to the US Department of Justice (2009), victimisation involves instances in which individuals experience, directly or indirectly, physiological, emotional or pecuniary disadvantages or neglect. The Centres for Disease Control and Prevention (CDC) acknowledge victimisation as a consequential and avoidable public health crisis.

Generally, victimisation is a diffused problem which generic meaning is a situation whereby one suffers physical, mental, psychological harm/injury, loss of resources or misfortune which is inflicted upon the victim by a perpetrator. (Gyon, 2010). More specifically, victimisation in Nigeria context in the words of Jacobs and Park, (2020), is an outright violations of fundamental human rights, discriminatory socio-economic policies, professional and conventional crime against a victim which exposes the victim to several other injurious acts either directly or indirectly. Though, to Aristotle, (2019), a victim is someone who has been individually and directly harmed by his/her perpetrators rather than indirectly harmed through societal policies.

Victimisation is a serious problem for the WWDs who are at a greater risk than women not living with disability (Sobsey and Doe, 1991; Brown, 1993; Brown, Stein, and Turk, 1995; Nosek, Howland and Chanpong, 1997; Hassouneh-Phillips and Curry, 2002; Powers, Curry, Oschwald, Maley, 2002). Apart the prevailing social situation, limited access to social services, reliance on others for support, poverty and social exclusion make the PWDs to be more susceptible to victimisation. Historically, the society has considered the WWDs to be grossly unreliable reporters of abuse against them and they have not been consulted on issues pertaining to their own welfare. Thy have been kept away from accessing certain protection means for themselves.

2.3.1. Rates of violence against Women with Disabilities (WWDs)

As per exposure to violent crimes, including spousal ones, a study in Canada reports that 51% of the WWDs had experienced more than one violent attack in the last one year; only 36% of women without disabilities have experienced such within the same temporal frame (Perreault, 2009). Women with disabilities are predisposed to social exclusion, emotional abuse, financial fraud and being taken advantage of sexually (Ortoleva and Lewis, 2012).

Women and girls with disabilities are open to gender-based violence and stereotype-based abuse that infantilise, dehumanise and isolate them. These negative tendencies predispose them to informal and institutionalised violence (Ortoleva and Lewis, 2012).

Women with cognitive or physiological disabilities encounter victimisation four times more than women without such disabilities (Ortoleva and Lewis, 2012). Women with disabilities get predisposed to more abuse from their caregiver. The WWDs are more prone to alcohol and drug-related violence than men with disabilities (Education Wife Assault, 2001).

Women with disabilities are mostly victims of privacy violation, domestic sexual abuse and strip search. These forms of victimisation occasion rape trauma, forceful pregnancy termination and forced sterilisation (Ford and Moore, 2000).A study that compares the extent of sexual violation and assaults among the WWDs and women without disabilities reports that WWDs are four times more likely to experience sexual violence than women without disabilities (Martin, Sotres-Alvarez, Kupper, Moracco, Dickens, Scandlin and Gizlice, 2006).

2.3.2. Victimisation experiences of women with disabilities

Many WWDs live with victimisation as a reality (Chenoweth and Cook, 2001; Sobsey, 2002). Simply because there is tendency for victimisation of WWDs to be undocumented, having a trusted estimate of their victimisation rate thus, become difficult. Though underreporting of victimisation experiences is also common among women without disabilities but there are more complicating factors that prevent and inhibit reporting victimisation experienced by the WWDs. Among these complicating factors are their high level of dependency on partners, families/relatives or caregivers who, at most times, victimise them by confining them, defrauding them financially, stigmatising them and denying them access to alternative support systems and crucial information sources (Naidu, Haffejee, Vetten and Hargreaves, 2005).

Recently, some international studies noted that the WWDs are exposed to more risk of sexual harassment people they do not know and individuals they know than women without disabilities (Saxton et al., 2001; and Groce, 2006). In 1995, the US carried out a survey on the harassment of both the WWDs and women not having disabilities. The survey reports that a 62% similarity index between the abuse experiences of the two classes of women (Nosek and Howland, 1998). Most members of the group had

undergone sexual harassment; especially spousal abuse. Their spouses have taken them through physical and emotional abuse than anybody. But the researchers noted two major dissimilarities in abusive experience of the two classes. The first is that the WWDs are more prone to sexual harassment by commissioned or familial caregivers; the second is the fact that the WWDs are abused for longer temporal stretches than the females that are not disabled. A good number of the WWDs remain abusive situations because they rely extremely on their abusers for physical aid, financial support, emotional connection and communication with others. This is further aided by the society's negative presentation of disabilities (Naidu, Haffejee, Vetten and Hargreaves, 2005).

A study sampled 245 Canadian WWDs and found out that 40% of them had undergone a kind of abuse or the other and 12% had experienced rape. They had been mostly abused by their partners, divorced partners, dates and domestic caregivers. The study further indicates that the females had not tendered any report of the abusive incidents due to fear of losing the support of such people and being heavily criticised. The work concludes that most of the abusers of the WWDs are relative or acquaintances of the WWDs (Nosek and Howland, 1998 in Naidu, Haffejee, Vetten and Hargreaves, 2005).

However, Nosek and Howland (1998) suggest that the accessible statistics on WWDs victimisation be handled conscientiously as they must be read within the ambience of the attendant variables and the differing yardsticks for defining ability must be factored into the interpretation of the statistical data. Some statistics concluded that the victimisation of the WWDs is greater than that of those not having disabilities while some others suggested that they are of equal incidence. In addition, because of their failure to clearly differentiate the several forms of disability, some researchers have ignorantly homogenised the victimisation experiences of the WWDs and this has significantly impeded the differences that are occasioned by life circumstances, resultant experiences and needs (Naidu, Haffejee, Vetten and Hargreaves, 2005).

The victimisation of the WWDs varies in manifestation. The forms of victimisation they experience include psychological, physical, economic, emotional and sexual abuses. Oftentimes, the WWDs experience the kinds of abuse that are specific to their

disabilities. Victimisation in disability contexts, according to Iglesias, Gil, Joneken, Mickler and Knudsen (1998), can be categorised into:

Active victimisation which involves physical violence, assault, economic abuse etc.and passive victimisation which involves physical neglect, emotional neglect, discriminatory actions, stigmatisation that in most times lead to further physical or psychological harm to the WWDs.

2.3.3. Active victimisation

In the words of Iglesias et al. (1998), these are physical victimisations which manifestations on the victims are also physical. Their study on violence and disabled women highlighted some of them are as follows:

Physical victimisation: This means any direct or ancillary acts that possess the potential to destroy WWDs' lives, partially or wholly; such actions bring about pain and suffering for the PWDs. The victimiser carries out some aggressive attacks with bodily impacts against the victim. Some examples are beating, hitting, spanking and kicking; forceful administration of drugs; withdrawal of prescribed drugs; withdrawal of aids; use of aids to injure the victim; withdrawal or delay of help; forceful feeding; refusal to feed the victim and a host of others.

Sexual victimisation: This refers to sexual aggression against women with disabilities which lead to some forms of physical or mental oppression. Manifestations of sexual victimisation include rape, sexual touches, fondling, use of aids for sexually assault, asking for sexual favours in exchange for caregiving, verbal taunts with sexual undertones, promoting a victim's image as being asexual, forced sterilisation, forced use of birth control or abortion and violation of her privacy.

Emotional/psychological victimisation: This is any behaviour that damages the physical and emotional well-being of WWDs. It manifests in behavioural controls which limit being accessed by relatives and friends; these controls occasion segregation, cruelty, intimidation, and emotional blackmail. Emotional victimisation is a general act that affects both women having disabilities and those without

disabilities, but WWDs encounter specific forms of emotional disturbance which their disabilities bring about. Examples of emotional victimisations for WWDs are keeping her in an unsuitable accommodation facility, accompanying her everywhere, making jokes with her impairments, making her beg for assistance, blaming her being abused on her impairment, devaluing her self-esteem through verbal assaults, controlling her finances, belittling her physical capacities, changing the structural organisation of her living abode to confuse or limit her mobility, issuing threats of desisting from providing caregiving, using complex linguistic structures, keeping the victim isolated from others, keeping the victim in a constant dependency state and barring her from accessing equipment that can aid her mobility.

Economic victimisation: This is an action or omission that occurs as a result of the loss of the means of economic survival by WWDs. Such means of economic survival include property ownership, investment, employment and others. Economic victimisation manifests as confiscation and extravagant use of a WWDs' money, making unauthorised withdrawals from her bank account and short changing the visually impaired or the mentally disabled during transactions.

2.3.4. Passive victimisation

While in the same study by Iglesias et al., (1998), they explained passive victimisation to exclude physical acts of violence. Specifically, it applies to women with disabilities because they rely exceedingly on their partners, health providers, relatives and friends. Some of such instances of victimisation highlighted in the study are:

Physical neglect: It refers to the denial of WWDs' access to their basic needs health and safety needs. This form of victimisation manifests as denying the WWDs access to food, neglecting their hygiene measures, inadequate supervision of them and withholding of essential assistance when necessary.:

Emotional neglect: This occurs when a woman with disabilities is denied the needed attention, consideration and respect. This could manifest in the following ways:

ignoring her call for assistance, constant devaluation of her opinions and attenuating her self-esteem.

According to Naidu, Haffejee, Vetten and Hargreaves (2005), there is a new term called 'disability-related abuse' which was coined by the Centre for Research on Women with Disabilities; it means a range of abuse that result from being WWDs and being potentially opened to vulnerabilities that result from being disabled. Forms of disability-related abuse feature in both active and passive victimisation (Iglesias et al., 1998). Majority of these abuses emanate in a care-giving relationship because the WWDs depend on them for survival.

Furthermore, scholarly products have denoted the harassment of WWDs by their Personal Assistance Providers (PAS) as a significant problem. Sobsey and Doe (1991) report that 44% of sexual abuse cases involving adults and children with hampered developmental abilities in North America are carried out by friends and acquaintances. Disability service providers like personal care assistants, psychiatrists and residential care staff constitute about 28% of the victimisers. Transportation providers, foster parents and others make up the rest of the abusers.

Saxton et al. (2001) investigates how 72 WWDs perceived their abuse by personal service providers. They identify the following forms of abuse that feature in the relationships between the PAS and the WWDs: physical assault, unsolicited sexual touches, emotional deprivation and financial abuse. The WWDs experience the abuse forms differently depending on their relationships with their caregivers and the asymmetrical bend of such relationships.

Moreover, for the WWDs, their socialisation into being submissive to men and their disability status result in an abysmal sense of personal esteem and self-devaluation. This greatly exacerbates the imbalance of power in the PASs-WWDs relationships. Saxton et al. (2001) further note that the asymmetrical power distribution may be further aggravated in the cases of the WWDs because depend more on their family members for their daily care. WWDs rely on their marital partners financially, emotionally and for physical assistance to gain access. These forms of reliance reinforce their continual exposure to harassment (Saxton et al., 2001: 403).

There is also the issue of the WWDs not being able to define and describe what constitutes abuse in the instances where the caregivers' performance of their roles engenders the crossing of personal spaces. Such activities include washing and dressing up the WWDs, aiding them to use toilet facilities and assisting in dressing them up (Naidu, Haffejee, Vetten and Hargreaves 2005). The research participants in Saxton et al., (2001:401) further reference the fact that it is contentious defining appropriate contact during the caregivers' discharge of their duties. The perpetration of abuse against the WWDs by the medical practitioners is also referred to in Saxton et al. (2001). They conclude that healthcare specialists also display abusive tendencies. One common area of abuse is making the WWDs to stand for a recognizably long period not minding their limited physical capacity (Saxton et al., 2001: 405).

Women living with developmental disabilities, in comparison to the males who have developmental disabilities, undergo seclusion and being forcibly tranquilised in psychiatric facilities when they are deemed to be violent or when they exhibit violent acts (Rangecroft et al., 1997 and Sequeira et al., 1997 cited in Sequeria and Halstead, 2001). Sequeria and Halstead (2001) discover that the PWDs find treatment in psychiatric centres to be physically painful, mentally tasking and emotionally draining. The PWDs discomfiture emanates from the feeling that the nurses' interventions are designed to punish them. The study unearths the common practice of using rapid tranquiliser to manage aggressive WWDs who are their patients. They argue that the frequent application of rapid tranquiliser on the WWDs implicates a bias against the feminine gender (Sequeria and Halstead, 2001: 470). Tranquillisation through the application of sedatives instils being passive and being dependent in the WWDs. Medical professionals' abuse of PWDs in medical facilities requires deep reflections to define them appropriately.

The heavy reliance of women with disabilities on family members, friends, marital partners and paid caregivers for daily survival makes them to be susceptible to abuse which women without disabilities may be exempted from. The WWDs may need much assistance in the areas of equipment usage, drug administration and financial resources management. Any system established to limit the WWDs' access in this regard may amount to abuse and predispose the WWDs to much abuse. Where PWDs

depend much on others for basic bodily reproduction functions, they may regard their abuse as a necessity for accessing certain clinical services. It is on this ground that Saxton et al. (2001) advocates an expansion of the subsisting definitions of gendered abuse to accommodate the peculiar encounters of the variegated WWDs.

2.3.5. Vulnerability increase and victimisation experiences of Women with Disabilities (WWDs)

Some certain dynamics shape the WWDs' disability forms and the vulnerabilities that come with the disabilities (Nosek et al. 2001). So, the vulnerabilities which women with disabilities whose mobility face are limited are different from that of women who have hearing impairments. One who is hearing-impaired may be able to leave an abusive situation but be unable to communicate effectively in their interactions with institutionalised agencies that are meant to offer them support. Quite importantly, one should note that women with more than one disability are exposed to more vulnerabilities and victimisation (Anello, 1998).

However, majority of WWDs are opened to some common vulnerability. They all encounter a sense of self-devaluation, economic limitation and social exclusion. As noted by Traustadottir (2002), since a good number of the WWDs are prone to abuse in the areas of physical make up, economy and social engagement, their violators deploy their vulnerability against them so as create opportunities for victimising them. That most WWDs economically depend on others is referenced in the existing literature as a reason for their being opened to gendered abuse.

There is the argument that the WWDs are more prone to psychological oppression than women without disabilities; the WWDs are constructed in 'otherness' terms and their sexual identities are misconstrued as non-existent or exaggerated; the WWDs turn into subjects of objects of males' unbridled sexual desires. Men without disabilities may develop appetites for sexual encounters with the WWDs to see whether sexual experiences with the WWDs would be different (Simon-Meyer, 1999). Such sexual fantasies put the WWDs in an increased danger of sexual molestation.

The promotion of the myth that the WWDs are asexual, the absence of sex education for the WWDs and the non-promotion of social skills for the WWDs bring about their being open to sexual abuse. The asexuality myth drives their being exploited sexually

and emotionally. There is the possibility of this being aggravated by the perception that the WWDs have a passive posture and are therefore cheap targets for abuse (Nosek et al., 2001). Abusive marital partners rely on the myth of asexuality to legitimise their oppressive acts and coyly present such acts as loving expressions (Iglesias et al., 1998). The asexual myth also indirectly limits the WWDs from exploring their own sexual preferences and determining their put offs in the areas of sex. The WWDs engage in less social outings and sexual encounters. They imbibe the idea that they are unattractive and this induces them to opt for celibacy or approve of violent sex. Some of the WWDs subscribe to the ideology of predestination and approve of any romantic attention shown in them (Womendez et al., 1991, cited in Nosek et al., 2001).

Marital partners of the WWDs or others they romantically involved with base their victimisation of the WWDs on myth that present disability as a defence mechanism. These victimisers exert much control on the WWDs on the ground that the WWDs are dependent; they exclude them from taking consequential decisions even on their own affairs. The WWDs perpetuate their own dependence on others and indirectly propagate doubts of their own competence and capability; these are results of how the society negatively represents the WWDs (Impact, 2002; Odette and Ronaldi, 2000). In addition, partners that are victimisers project the WWDs' disabilities to discredit her reports of victimisation.

The WWDs regard the constant violation of their personal spaces by relatives, medical personnel and professional caregivers as an inhibition to their due perception of their sexual abuse. Womandez et al. (1991), cited in Nosek et al. (2001) cited Womandez et al. (1991) who projects the idea that the WWDs have learnt to separate themselves from their physical bodies when they encounter pain, denial of privacy and inhuman treatment. This is a reaction to their frequent bodily violation. Most of the violators of the WWDs are people familiar to them; they are known relatives and associates. For a typical WWD, family is conceived as a larger body comprising blood relations, friends, neighbours and caregivers. The WWDs reliance on these categories of people and the frequent contacts with them in the process of caregiving potentiate the WWDs' increased abuse risk (Iglesias et al., 1998). The rate of predisposition to violation is even worse for the WWDs that greatly depend on their caregivers

(Mandeville and Hanson, 2002). A great number of PWDs are almost inextricably placed in abusive situations because they depend on their violators for physical assistance, financial support, affection and interaction.

The literature has established five myths about disability that open the WWDs to victimisation (see Sobsey, 1990, cited in Iglesias et al., 1998: 12). The myths are briefly explained, one after the other, below:

a. Myth of Dehumanisation: WWDs are considered to be subhuman and as occupying a lower social cadre compared to the others. This myth fuel violent acts against the WWDs as others do not violent acts against them as violence.

b. Myth of Damaged Merchandise: WWDs are seen as defective and devalued beings. This viewpoint serves as the foundation on which some argues for their subjection to euthanasia and biological experiments.

c. Insipidity Myth: Some argue that the WWDs, especially those with developmental impediments, lack the capacity for emotive and physiological pain.

d. Disabled as Menace Myth: The perpetrators of abuse against the WWDs regard them as threats to the society and accuse them of provoking their negative treatment by the society.

e. Helplessness Myth: Most people regard the PWDs, particularly the WWDs, as ingenuous, susceptible to harm and helpless.

Andrews and Veronen (1993), cited in Nosek, Howland and Hughes (2001: 480), citing Andrews and Veronen (1993), and Anello (1998), have stated that impoverishment, negative social perceptions on disabilities, disbelieving the WWDS when they report instances of abuse, social exclusion, manipulation, non-support for caregivers, abysmal sex education for the WWDs, being open to physical abuse in

public circuits, absence of cheap and safe abodes, limited information access about legislative pronouncements for the WWDs and redress options, culture of denying the WWDs their human rights, naturalisation of the oppressive tendencies of the society, being socialised into not challenging the status quo, fear of social ostracism, distrust of formal security agencies, being highly dependent on others for daily caregiving and the victimisers' belief that their acts would not be exposed increase the rate at which WWDs become vulnerable to victimisation.

A study referenced in Nosek et al. (2001) notes additional disability-related vulnerability factors for the WWDs. The study indicates that the WWDs become more prone to victimisation because of their lack of the financial means to procure needed adaptive equipment and their frequent exposure to medical practitioners. The WWDs live without the requisite adaptive equipment. Hence, they result to being immobile and dependent on others. The WWDs, in most parts of the world, become more vulnerable because of the dysfunctional justice system, their limited access to medical services and the inadequacy of the gender activism activities to cater for the needs of the WWDs.

In summary, there is the estimate that the PWDs have between 4 to 10 chances of being vulnerable to abuse and neglect by persons without disabilities (Petersilia 2001). A similar number of women with disabilities and without disabilities have undergone physical, sexual and emotional abuse (Sobsey and Mansell, 1994). However, reports show that the WWDs have undergone more and longer victimisation than the women without disabilities (Young et al. 1997).

➤ *Where do instances of Victimisation take place?*
Victimisation has no prescribed location as it occurs in any place. But the literature has indicated that isolated WWDs who exercise little control on their environment (Sobsey and Mansell, 1994) and have limited access to law enforcement facilities (Verdugo and Bermejo, 1997).

Health provisioning facilities constitute risk locations for the WWDs as healthcare providers have been known to have abused the WWDs physically, sexually and emotionally. Most instances of victimisation within healthcare facilities have gone

undetected and unreported (Turk and Brown, 1993; Sobsey and Mansell 1994; Brown and Turk, 1994).

➢ *Who are the victimisers?*

The statistics shows that more men than women are the victimisers, and they are mostly the romantic partners of the WWDs and the healthcare professionals (Marley and Buila, 2001; Brown and Turk, 1994).

Family members violate WWDs in the process of caring for them (Milberger et al. 2003).

Sexual violation and emotional abuse are perpetrated by domestic health attendants and health workers in institutional settings (Brown and Turk 1994; Sequeira and Halstead, 2001; Saxton et al. 2001; Oktay and Tompkins, 2004).

Within institutional frameworks, WWDs too commit sexual abuse and physiological violence against other PWDs (Sobsey and Doe, 1991).

2.3.6. Women with Disabilities (WWDs) and susceptibility to victimisation

Two major groups of factors make the WWDs susceptible to victimisation. They are social and community factors. The social factors include wrong social perceptions of disability, unemployment and underemployment, financial incapability and the absence of effective policy frameworks. Wrong social perceptions about disability entail the idea that having a disability will protect the PWDs from being victimised. Generally, it is the thought that the PWDs have a lower risk of being exposed to victimisation when compared to persons without disabilities because they are perceived as the less privileged who should be pitied (Young et al., 1997). The PWDs become financially handicapped as their being unemployed or underemployed limit their financial capacities to engage professional caregivers. This limitedness predisposes them to physical and emotional abuses (Stromsness, 1993). In addition, financial limitedness of the WWDs makes them live in crime-prone territories instead of wealthier neighbourhoods that are more secure (Curry et al. 2004). Finally, lack of tested disability policy frameworks or the improper implementations of the existing policies also inhibits the WWDs protection from victimisation.

Apart from the enumerated social factors, some community factors engender victimisation. A copious number of community-based establishments support abused people particularly the WWDs (Swedlund and Nosek, 2000; Chang et al., 2003; Cramer et al., 2009). Most of those community-based organisations do not continuously collaborate with non-governmental organisations that dedicatedly address the violation of the WWDs (Curry et al., 2004; Swedlund and Nosek, 2000; Chang et al., 2003). Frequently too, healthcare and law enforcement officers are uninformed about the victimisation of the PWDs (Swedlund and Nosek, 2000; Chang et al., 2003; Cramer et al., 2009. Thus, in the instances where the WWDs are victimised, the healthcare and security personnel may lack the dexterity and requisite knowledge base to assist the victimised WWDs.

2.3.7. Disability and Women with Disabilities (WWDs): The intersection between multiple victimisations

Crenshaw (1994) addresses the politics of identity and violation of women and proffers some links among such variables as racial affinity, social class belongingness and gender affiliation. These variables determine the structural dimensions of gender-based violation in the context of extensive patriarchy. The thesis of her position is that gender violation, class segregation and racial discrimination impact the socio-political marginalisation of women of colour. Her conclusion is that many women of colour that have undergone violence because the judiciary and ancillary social agencies do not come to the aid of the women of colour due to some cultural and socio-economic considerations. According to Glenn (2002), the impact of race, gender and the social conditioning of disability have caused what is referred to as 'triple jeopardy syndrome' which African-American women have experienced. The term, 'triple jeopardy syndrome', is used to conceptualise the three-layer oppression suffered by the African-American WWDs. The centre social variables include ethnic affiliation, gender identity and disability.

The intersections among poverty, gender and disability are theorized by Snyder (1999) where she argues that women generally have to exert more energy than their male counterparts to survive. In most developing countries, the PWDs remain poor. For this, the WWDs who also live poorly in developing countries have no options than to keep contending with the victimisation experiences that arise from being women

and being disabled. One can take some points from Driedger (1996). The paper calls attention to the gender and disability-based discrimination of the WWDs is further complicated by poverty, race and socio-economic dynamics. This can be used to advance the notion that the African WWDs are really one of the most discriminated groups in African societies. According to Driedger (1996), the 1996 census statistics of South Africa shows that most of the PWDs in South Africa are black WWDs.

According to the Integrated National Disability Strategy (INDS), (1997) report on WWDs statistics in South Africa, African women with disabilities are significantly opened to poverty, destitution, malnourishment and illiteracy and unemployment. Statistics indicates that African women are greatly unemployed or underemployed. A 2003 UNDP report indicates that only 40% of the active females took part in the economy of the world. This in comparison with the 71.05% of the economically active male population that took in economic activities in the year under review. In addition, most female-headed families are twice disposed to poverty than the male-headed ones (Fish 2003:405). It has been observed statistically that disability has reduced the women's access to education, work, vocation, employment, medical care and welfare services. It has also placed them at a greater risk of victimisation. The WWDs in Africa experience multiple and reinforced layers of victimisation that are deeply oppressive (Heijden, Abrahams and Harries, 2016). This has led the White Paper on Social Welfare (1997) and the INDS (1997) tagging the African women as making up a vulnerable group deserving of a unified policy direction.

2.3.8. Key issues and structural challenges facing Women with Disabilities (WWDs)

Identifying the cogent discourse on the subject of the WWDs' victimisation demands more than putting in gender and disability as variables. Rather, there are many other obstacles faced by them throughout the world. These challenges stem from society's responses to gender. It is important to include ensure the social inclusion of the WWDs in future policy formation and protect their fundamental human rights. Hence, this part of the review discusses the key challenges that the WWDs face and the intersections of such challenges with central issues in gender mainstreaming. The central concerns are protection of socio-economic rights of the WWDs, WWDs' vulnerability to violation, WWDs' limited access to justice, homelessness of the

WWDs, limited political participation of the WWDs, inhibitory traditional cultures and religions, the public's limited awareness of the WWDs' human rights and extensive negative public attitudes to the WWDs.

Socio-economic rights access

Though there is limited data on the subject, most agree that WWDs have hampered access to education, employment openings and social services. A USAID report notes that WWDs are prone to sickness, poverty and social isolation than the PWDs that are men. In addition, the UNDP states that the WWDs have the abysmal literacy level of 1% and the UNICEF reports that children and WWDs access 20% less rehabilitation facilities. The WWDs' access to employment opportunities is also limited as not less than 80% of them possess no recognised livelihood means and are significantly dependent on others for their existential requirements (United Nations, 2005).

Violence and abuse vulnerability

A UN Special Rapporteur reports that WWDs are prone to violence because of their gender and their disability (United Nations, 2005). Studies on disability have indicated that the WWDs are prone to violation than women without disabilities (Ortoleva and Lewis, 2012). In some cases, the violence is peculiar to certain disability types, for instance, the healthcare providers are likely to be the victimisers of the WWDs and the WWDs may not be able to access the requisite support system compared to the women without disabilities (Hague et al., 2007).

Access to justice

The CRPD, CEDAW and the other treaties provide that the WWDs should be guaranteed equal access to legal services. However, the practice indicates otherwise, the WWDs are debarred from accessing justice by such barriers.Many barriers debar the WWDs from access to justice,such barriers include the near unwillingness to implement disability laws; the WWDs' lack of knowledge about the extant laws; limited promotion of the laws to generate public awareness about them and local authorities' limited knowledge on the disability laws that aid the WWDs' protection and safety (Astbury and Walji, 2013).

The right to home and family

Some societies regard the WWDs as incapable of taking on their domestic roles in the family. This perception seems to be commoner in the developing societies that regard the WWDs as deficient marital partners who should be kept away from the public view. This disposition opens the WWDs to impoverishment. One major marker of this is the making of reproduction decisions for them by third parties. Hence, the WWDs end up not having little information on reproduction, sex education and sexual rights.

Political participation and public life engagement

Like the women without disabilities, the WWDs' political participation is hindered. Women without disabilities rarely participate in politics but the WWDs are almost non-existent in the formal political circuits. Their limited political engagements account for their lack of visibility in public life. The general public even have negative prejudicial attitudes towards the WWDs and these hinder their political participation (Ortoleva, 2011).

Indigenous cultures and religious beliefs

Traditional cultures and religious beliefs also constitute challenges for the WWDs. As an example, in the Pacific, tolerance for all is encouraged by the cultural dictates but the cultural practices have some embedded exclusionary practices. Religions like Islam, Christianity, Hinduism and the traditional beliefs challenge and simultaneously offer opportunities to the survival of the WWDs. The WWDs face the challenges of maintain positive cultural practices and confronting deep patriarchal viewpoints in both cultural and religious texts (CEDAW committee, 2007).

In some instances, culture and religion can reinforce the disempowerment of the WWDs as they can be denied participation in the decision-making frameworks. Their rights may be selectively recognised and rights-based laws may not be applied to support their social integration. An example is fitting here: the cultural practices of the Pacific engender caring for one another especially anyone who has suffered a kind of misfortune. This makes the society to be charitable towards the WWDs (The Pacific Islands Home Affairs Minister of New Zealand, 2009).

Christianity has impacted the society both socially and psychologically. Most major religious denominations in the Pacific have advocated positions that subordinate

women. (Aggarwal, 2004). In some cases, teachings from the Old Testament have been used to assert that disability represents God's curse against the disabled and messianic intervention has been proffered. Certain customary injunctions and religious practices inhibit women from realising their full potentials. These practices further predispose them to violence and limit their access to good housing (Aggarwal, 2004). For example, in Tonga, women are debarred from owning landed properties. In Fiji, women are excluded from determining land use and controlling access to resources in and on any land. Quite similar to this, the traditional land use system in Mataqalis foster discrimination against women (Aggarwal, 2004).

In a number of African families, family members in the African setting often distant themselves from those with disabilities in their families (Stubbs and Nowland-Foreman, 2005), and in some, people distance themselves from only the mentally-ill ones (Marshall, 1994). With these attitudes, the WWDs are limited in terms of community participation (Lene, 2004). Sometimes, some attempt to limit the WWDs' participation at community meetings by bringing certain superstitions (Thomas, 2003). Furthermore, some promote the superstitious idea that giving birth to a disable child is a marker of punishment from or state that disability is a consequence of past evil deeds. (International Labour Organisation, 2002).

The origination of human rights on disability matters is alien and often construed as a negation of African cultures. As an instance, men most often hold traditional leadership positions in the villages. Traditional leadership systems like this inhibit the basic human rights of the WWDs and the realisation of their full potentials. Among the Melanesians, men have a strong hold on the traditional governance system and they deploy the system to restrict the females' human rights and the realisation of their full capacities. Women are excluded from these decision-making processes and are penalised for any attempted challenges of the status quo (Aggarwal, 2004). Human rights advocates have formed the habit of challenging such inhibitory practices that disrespect women. The discourse of human rights and the associated practices have made contributions to the gender equality and disability matters.

➢ *Structural challenges*

Without these following key elements of a rights-based approach, the enjoyment of human rights by the WWDs will, at best, be unsustainable. The structural factors include awareness of human rights, combating negative attitudes about the WWDs and scaling the barriers to reporting victimisation.

Awareness of human rights

Tawake (2003, 2004) reports of certain contributions at a Regional Capacity-Building Forum held in 2004 which manifest the fact that the WWDs in the Cooks Island are unaware of international provisions like CEDAW and CRC (Tawake, 2003, 2004). This may be true of the Pacific Island and most developing countries (including the Federal Republic of Nigeria). In Nigeria, most of the WWDs are not aware of the international laws and how to wield them for protection.

At a nationwide capacity-building seminar held in Fiji, 15 WWDs who were equally participants stated their uncertainty about the fact that they have the same rights as others. About 67% of the WWDs held the view that marriage is not meant for the WWDs and about 27% did not feel certain about what constitutes their human rights. Two-third of the participants held the view that there is no need to educate girls and WWDs. Despite the variegated backgrounds of the participants, they all share the idea that girls and women with disabilities have no fundamental human rights and should be incarcerated in their homes. Their opinions are explainable with reference to their limited knowledge base on human rights and their lower achievements in comparison to the other PWDs such as males with disabilities and females with disabilities (Hunt, 2005).

Most African communities have not properly understood the idea of human rights. Institutionalised authorities betray much prejudice against the PWDs in their verbal actions, material actions and policy formations (McKinstry, Price, Macanawai, 2004). Most constitutional authorities are not aware of the human rights laws that protect the rights of girls and women with disabilities (Committee for the Elimination of Discrimination against Women, 2007).

Negative Attitudes

The major root of intersectional discrimination against WWDs is a range of deep-seated negative perceptions. Because of these adverse attitudes, WWDs live in isolation and they get debarred from participation in community affairs; WWDs are isolated and they stay away from community matters. The prevalent discriminatory attitudes and the inactions of the government agencies reproduce the social barriers (United Nation Economic and Social Commission for Asia and the Pacific (UNESCAP), 1995). Negative attitudes towards the WWDs indirectly lead to their unemployment and the subsequent exposure to consequential impoverishment. It is a considered opinion in the literature that attitudinal changes would make for a better social inclusion of the women (United Nations Development Program (UNDP), 2007).

Barriers of victimisation reportage

Various barriers specifically affect the WWDs. They include difficulty in accessing shelter and other necessary interventions; accessing information about essential services, accessing transportation facilities, attaining financial freedom and other social facilities (International Network of Women with Disabilities, 2010). These difficulties negatively affect the reporting of abuse of the WWDs. The present literature shows these challenges. Perreault and Brennan (2010) states that the WWDs' likelihood of reporting any abuse of them is minimal compared to their male counterparts. It is reported that 30% of the WWDs report their own victimisation but 49% of men report any act of violence against them. The WWDs do not trust the police; hence, they do not believe that the police or the judiciary would believe their accounts of abuse and they disbelieve the idea that any social services can be trusted (International Network of Women with Disabilities, 2010). The WWDs also hold the notion that the social service agencies can handle the instances of abuse by relations, caregivers and friends instead of reporting such to the police or the judiciary (International Network of Women with Disabilities, 2010).

Where there is domestic violence, the WWDs entertain the fear of their abusers since they rely on them for emotional attention, finances and physical mobility. They also fear being barred from seeing their children (Ortoleva and Lewis, 2012). More PWDs are more likely to express their dissatisfaction with the police handling of cases of victimisation against them (Perreault and Brennan, 2010). Additionally, the WDDs

usually avoid reporting cases of abuse of them to the police because they feel the law enforcement services do not duly respond to reports of violence against WWDs and girls with disabilities. They avoid reporting cases of their victimisation to avoid any future discrimination and losses that reporting such incidents can bring (Ortoleva and Lewis, 2012).

WWDs from traditional societies lack the information about the requisite social agencies for preventing abuse and reacting to them (WHO, 2002). Women with Disabilities that are on the verge of divorcing their partners may have difficulties getting accommodation, caregivers and interpreters (Odette and Ronaldi, 2000). Only one out of ten women is supported by the women's temporary shelter or transitional accommodation facilities (Masuda and Ridington, 1992). The WWDs do not get the desired support sometimes for accessibility reasons (Reid, 2004). The WWDs also get limited aids for communication and learning. Barely 22% of the provided accommodation have communication facilities for those with hearing impairments; 17% have the needed sign language and interpretation facilities; 17% of the visually impaired persons have printed texts and only 5% of the visually-impaired are provided with Braille (Canadian Centre for Justice Statistics, 2009).

2.4. Global trends on disability issues in developing countries

Global directions in disability studies and the embedded politics in the discourse of disability must be referenced. Statistics indicate that 10% of the population in the globe are PWDs. 75% of the population reside in the Global South and most of them are poor, socially marginalised (DFID, 2008, Barron & Amerena, 2006). PWDs everywhere are open to unemployment, illiteracy, limited access to education in a formal setting and reduced access to required support systems in comparison to their able-bodied. Hence, disability becomes a significant explanation and consequence of impoverishment (Yeo, 2005).

Experts in development studies have continually regarded disability as a major matter that shares some nexus with poverty, human rights violation and the question of citizenship. In 2002, a former president of the World Bank, James Wolfensohn called attention to how the UN Millennium Development Goals would be adversely affected if the matters of disability are not properly attended to. Moreover, the collaborations

among the United Nations and the civil society organisations had led to the institutionalisation of the 61st Session of the General Assembly in December 2007. 146 states have acceded to the international instrument. 126 of them signed the Convention and about 20 gave indicated their ratification of it. The Convention is consequential as it affords an internationally acknowledged legal framework for determining definite policies for the protection of the rights and dignities of those with disabilities. It has the potential to contribute significantly to the social inclusion of the PWDs.

Despite the efforts invested in the subjects of disability and development, there is no constant agreement on the appropriateness and functionality of the interventions for aiding those with disabilities to live fulfilled lives. At the turn of the millennium in 2000, the Department for International Development (DFID) presented a document on development and disability that promote an approach that avail the DFID an opportunity to provide funds for projects for PWDs and projects for mainstreaming them into developmental projects (DFID, 2000).

Since the publication of the DFID document, based on the supposition that the social inclusion of the PWDs in developmental efforts would aid the building and sustenance of an inclusive globe, mainstreaming of the PWDs has been emphasised. However, international agencies on development have underscored the importance of centering developmental issues in development discourse but the modalities for doing so have not been effectively set. One factor that is responsible for this is the contentious semantics of "mainstreaming". There was an attempt by the DFID in 2007 to provide some criteria for defining "mainstreaming". The agency released its "How to Note" and made it available to their country offices.

In the last 40 years, both countries in the Global North and the Global South have been developing structures that enable disability movements. Disabled People's Organisations (DPOs) have now occupied a central position among civil societies. The DPOs advocate the enforceable rights of the PWDs. The PWDs manage the organisations and take a human-rights-based approach to disability. The PWDs manage the DPOs and the DPOs have synergised with government establishments and international organisations for the development of the operational means for socially mainstreaming the PWDs into the societies where they occupy.

The international ideological movements have been based on the sociological perspective to disability. This approach holds that certain physical, institutional and attitudinal challenges contribute to the social exclusion of the PWDs. The model places much emphasis on the protection of the PWDs' human rights, their economic empowerment and their social inclusion. Furthermore, disability movement has coined the slogan, "Nothing about us without us", to underscore the need for including the PWDs in the development of policies on disability issues. The social model of disability has provided the ideological background to making policies on disability in the 21st century.

It is difficult conceptualising the points of connection among poverty, disability and international cooperation. But understanding the complex relationship is essential for positioning international agencies to impact the lives of the PWDs positively through the right policies and well-planned economic interventions in developing countries. The model recognises the complex relationship between poverty and disability; a poor person is prone to being living in poor neighbourhoods where there are unsavoury environmental conditions and limited access to healthcare provisions. These factors open them up to being disabled.

In a similar vein, a PWD is open to poverty than an able-bodied person because a PWD is likely to be educationally disadvantaged and deprived of many employment opportunities. The link between poverty and disability is further compounded by inherent structural variables like social exclusion, adverse attitudes and absence of respect for human rights. To stop the PWDs' constant exposure to poverty, non-governmental societies and DPOs can effectively organise themselves into pressure groups to lobby governments and argue for respect for their enshrined human rights. For example, in many countries, including Nigeria, disabled people's organisations lack sufficient organisational capacity to effectively lobby their respective governments to claim their basic human rights and ask the government to provide the needed services and make them accessible. If not for the activities of the NGOs, many PWDs would lack any access to social services. Notably, studies have not judiciously examined the relation of disability, poverty and cross-national efforts. Such studies are very crucial.

2.4.1. The disability movements as actors in disability matters

Right-based disability movement faces deep-seated institutional constraints that make its establishment and promotion quite arduous. The disability movement in Nigeria is constituted by DPOs that operate at national, provincial and local levels. Though they remain functional, they face major challenges occasioned by their operating in emerging economies. However, some of these challenges are peculiar to the Nigerian setting.

Nigeria has two national bodies that oversee the affairs of the DPOs and they both present themselves as the original and approved representatives of the people living with disabilities in Nigeria. These bodies are the Joint National Association of Persons with Disabilities (JONAWPD) and the Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND). There is the Lagos State Office for Disability Affairs (LASODA) which the state government established in June 2011.

The Lagos State Office for Disability Affairs (LASODA)

This organisation was institutionalised with the Lagos State Special People's Law (LSSPL) in June 2011. The former governor of Lagos State, Mr Babatunde Raji Fashola, governing inaugurated the board and charged it with the function of putting the law into practice on 9 July, 2012. The body was charged with the jobs of safeguarding the PWDs against discrimination and offering them the requisite access to the justice system and economic opportunities. The law stipulates the following:

1. reorienting the populace on disability issues and carrying out much enlightenment of the public;
2. for the purpose of adequate planning and proper data gathering, registering and coordinating the DPOs;
3. creating a synergy among government agencies, corporate organisations and international bodies with the purpose of bringing about programmes, policies and activities for the PWDs in the context of ethical global norms;
4. developing guides and standards for educating the PWDs, ensuring the protection of their welfares and making for their social development;
5. directing the established agencies on the organisation of sporting events and special schools for the PWDs;
6. certification of the disabled and issuance of the signs the PWDs should use at parking spaces;

7. receiving feedback from the PWDs on the level of compliance to the law by the public; examining the cases of violation of the laws, prosecution of the supposed offenders and implementation of legal sanctions against the offenders; and

8. creating educational institutions, vocational centres and rehabilitation outlets for the development of the PWDs.

The Joint National Association of Persons with Disabilities (JONAPWD)

The first conference of the PWDs held at the University of Jos in 1992. At that epochal event, JONAPWD was instituted. Though JONAPWD was not a government recognised body at that event, it began its journey. Later, the global came to the realisation that Nigeria lacked a unified front for projecting the PWDs' interests. Therefore, President Obasanjo's administration recognised JONAPWD as the primary anchor for all the Nigerian PWDs and the representative of the PWDs in formal dealings with them, both nationally and globally.

Consequent upon this, JONAPWD was given a grant by the federal government in 2004 for the purpose of electing its executive council members at the national level. The election was done at their Minna Convention. The executive council liaises with the government for the PWDs; the body invests itself in the promotion of the PWDs' rights. The organisation has not recorded much success since its inception. Recently, the association succeeded in convincing the Independent National Electoral Commission (INEC) to change Section 57 of the 2004 Electoral Act so that all the PWDs would be able to exercise their voting rights. The organisation has proactively established linkages with major civil societies that specialise in the defence of human rights like PACT Nigeria, ActionAid Nigeria and Coalitions for Change. The intention behind this was to accrue more support in getting the government to deploy a right-based model for dealing with the PWDs. However, one gets the impression that JONAPWD does not have the organisational sophistication to pursue advocacy programmes based on the protection of human rights. The organisation seems to lack internal democracy, habits of strategic advocacy and transparency in governance.

Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND)

The initial name for the organisation was MEND- Movement for the Empowerment of Nigerians with Disabilities- and it started in 2002. The foundational intention was to bring up a platform that would work as a common front for all the PWDs in Nigeria. However, before the launch of MEND, another organisation, the Movement for the Emancipation of Niger Deltans (MEND), was created and it took over the catchy acronym from the Movement for the Empowerment of Nigerians with Disabilities. With that, the organisation decided to change its name to Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND) and it was eventually launched in 2006. The association pursues the agenda of mainstreaming the PWDs into every vibrant sector of the public life, especially politics.

The two national DPOs are not the only existing ones; there are many other DPOs at the state and local areas. Some of them are the Centre for Citizens with Disabilities (CDD), the Spinal Cord Injury Association of Nigeria (SCIAN), the Accidents Victim Support Association (AVSA), the Nigerian National Association of the Deaf (NNAD), the Resource Centre for Advocacy on Disability and the Deaf Women in Nigeria (DWIN).

2.4.2. Disabled movements activities in promoting PWDs' involvement and participation in the society

Once the populace becomes engaged in the political and sociocultural practices of a community, they are participating in the society (Governance and Social Development Resource Centre, 2016). Young, Reeve and Grills, (2016) highlighted a range of activities carried out by DPOs and some other state actors in low-income countries that promote the participation of the PWDs, either directly or indirectly, in public life. These activities are discussed below:

Rights awareness

It is important for the PWDs to advocate intentionally for their own participation in their communities. Some studies have indicated that members of the DPOs gain awareness of their rights after signing on as members of the DPOs (Kumaran, 2011; Cobley, 2013).

Participating with confidence in public life

As reported by Dhungana et al. (2010), members of a Self-Help Group (SHG) noted that they became more affiliated with their communities after joining the DPOs. The DPOs aid the participation of the PWDs in public life and boost their confidence level participating in social engagements.

Civil society, political processes and advocacy participation

Kleintjes, Lund and Swartz (2013) states that some mental health self-organisations in about seven countries of Africa learnt to engage better in political affairs through their representations of their groups at local and international outlets for the purpose of defending their educational rights and other rights such as housing, employment and access to psychiatric facilities. He further reports that members of some DPOs participated in the world discussions on the deployment of the Convention on the Rights of Persons with Disabilities.

Some other works report the involvement of several DPOs in advocacy. They developed audio-visual learning materials and ran public sensitisation programmes (Griffiths, Mannan and MacLachlan, 2009). Most of advocacy activities brought about really significant inclusion of the PWDs in the determination of social policies. As an example, Armstrong et al. (1993) cited the example of the Malaysian DPOs that came up with practice codes for accessing public places, reclassified mobility aids for the PWDs so as to limit the cost of registration for the PWDs and adopted a policy for the reduction of the PWDs' public transport costs. The advocacy of the PWDs made the Malaysian government to allocate 1% of the total job quota in public service to the PWDs (Armstrong et al. 1993). Deepak, dos Santos, Griffo, de Santana, Kumar, and Bapu, (2013) also notes the PWDs' advocacy in Brazil which brought about the building of easily accessible pubic phone booths, Automated Teller Machines (ATMs) and wheelchair ramps in a city. In Nepal, members of an SHG were religiously included and allowed in religious temples; this followed their spirited advocacy for access to religious congregations presided over by religious leaders in the locality (Dhungana and Kusakabe, 2010).

Awareness-raising activities

Deepak et al. (2013) reports the involvement of DPOs in Brazil and India in the organisation of performances, public meetings and cultural events on the World Disability Day so as to raise the public's awareness about disability issues. The study generally highlights how the DPOs facilitate public awareness on disability matters.

Partnerships and networks development

Evidently, DPOs make crucial contributions to the institutionalisation of networks among the PWDs, their families and other civil societies (Cobley, 2013; Deepak et al., 2013; Kleintjes et al., 2013).

Networks between DPOs

DPOs can synergise with other rights-based groups in their immediate environment to further enter into partnerships that would offer the necessary support (Hemingway and Priestley, 2006; Miles, Fefoame, Mulligan, Haque, 2012; Cobley, 2013; Deepak et al., 2013; Kleintjes et al., 2013). In a particular study, the DPOs in a village sent in their representative to partake in a zonal meeting for the purpose of creating a synergy between the district DPO and the local DPOs (Deepak et al., 2013). The DPOs in South Africa created a body for the cooperation of disability associations. Armstrong et al. (1993) stated that a Malaysian DPO created an alliance with the other DPOs. The alliance evolved into a confederate with the Disabled Peoples International. The alliances paved the way for the recognition of the DPOs by the Malaysian authorities. In another story, the synergy developed by the DPOs aided their identification when they were affected by tsunami. It also made it possible for them to be identified and assisted as relief materials were being distributed (Hemingway and Priestley, 2006).

Social networks and relationships within groups

Notwithstanding confronting avoidance from the more extensive society and its activities, the PWDs regularly experience social exception because of a number of attitudinal, institutional and ecological variables (Deepak et al., 2013). Cobley (2013) proposes that DPO gatherings are critical points that those with disability affiliate with. Polu, Mong and Nelson, (2015) note that the PWDs experienced improved social associations and fearlessness in the wake of joining DPOs as the DPOs extend their interpersonal interactions. A DPO in Brazil coordinated standard recreation

exercises, for example, picnics, games and other socio-cultural activities to advance social connections among its members (Deepak et al., 2013).

Creating networks with experts and consultants

The DPOs likewise establish networks with experts who act as invited specialists for the organisations and offer guidance on accessing different skills. Stewart et al. (1999) report the instance of a DPO that was at first encouraged by a specialist who in the end, became a consultant to the DPO once the DPO became more properly organised. In Polu et al. (2015), field workers from an enormous NGO were employed to prepare the SHG leaders on first aid practices, for example, care of wound, exercise and massage, and, how to pass along this information to the other members.

Networking with government agencies

Different studies recommended that DPOs can encourage the improvement of connections between agencies of government and the PWDs (Armstrong, 1993; Polu et al, 2015). A DPO in Malaysia was solidly connected to the Ministry of Youth and Sport of Malaysia (Armstrong, 1993). Likewise, LASODA in Lagos State was set up under the Ministry of Youth and Social Development. By convening a DPO with a solid presence in the world of sport and disability in Malaysia, the association had the option to establish a connection with the public authority and private firms for support, (for example, funds and access to facilities) for their interests.

Networking with educational and training facilities

There are DPOs that established networks with nearby educational facilities to advance admitting of children with disabilities into standard facilities (Miles et al., 2012; Deepak et al., 2013). Deepak et al. (2013) report that a DPO in Brazil coordinated numerous workshops in both educational and vocational trainings each month to teach people about the peculiar needs children with disabilities in the standard classrooms. The DPO likewise filled in as a contact point for relatives of children with disabilities who went to standard schools to inform them about the privileges of their children. Miles et al. (2012) see that SHGs assisted guardians to approach nearby educational facilities to bring to the fore the specific necessities of individual children with disabilities. The organisations were similarly engaged in

teaching the use of Braille to children with visual impairment so as to encourage their inclusion for learning and trainings.

Few studies discover that the DPOs can avail their members access to training and instruction which may build up their abilities and income-generation opportunities (Griffiths et al., 2009; Kleintjes et al., 2013). A DPO in Nepal, for instance, coordinated professional instructional classes for its members to acquire new skills, (for example, in fashion designing, secretarial work, cooking and handiworks) that could create earning opportunities for them (Dhungana and Kusakabe, 2010).

Networking with financial institutions

Disabled Peoples' Organizations (DPOs) established associations with nearby banks to assist their members to access standard bank loans to help their income-generation opportunities. Because of the development of SHGs in India, around 50,000 PWDs got individual monetary help from standard banks to build up opportunities to generate incomes. Some of the engagements include, shop-keeping, cultivating and block making (Cobley, 2013). Polu et al. (2015) reported that partaking in SHGs gave DPO members expanded information and confidence to deal with banks.

Self-improvement/self-help

These activities are viewed as activities that add to the advancement of skills and capacities for the PWDs. This includes all the preparation and instructive projects that add to the employment opportunities or other income-generation opportunities of the PWDs. Self-governance and empowerment are viewed as key parts of self-advancement and self-help for group members.

Self-determination and self-governance

Disabled Peoples Organizations regard the management of their organisations as significant for self-determination. In some attempted studies in African nations, some DPOs reported that assuming responsibility for the governance of any group and give room for self-determination inside the group further avail new openings for members' build-up and capacities. Stewart et al. (1999) opine that group work and self-

governance may open up opportunities for the PWDs to create independence and empowerment.

Service delivery of mobility assistance

Some other studies further stress the work of DPOs in encouraging the actual prosperity and mobility of the PWDs through improved access to clinical and orthopaedic services (Deepak et al., 2013). Armstrong et al. (1993) report that a DPO in Malaysia was engaged in distributing and overhauling exercise equipment, wheelchairs and other locomotor guides majorly for those with physical disabilities. Members from the DPO likewise accessed house adjustment and fix services to encourage their free development inside their networks. Customary Malay houses were altered to make them more available for those with limited mobility. A Brazilian DPO likewise cooperated with neighbourhood associations to encourage access to wheelchairs and orthopaedic apparatuses for members (Deepak et al., 2013).

Facilitating individual knowledge about disability and its management

Notwithstanding the training facilitation and education of group members, DPOs were ready to encourage instructional meetings on disability and its management for families and guardians of the PWDs (Kleintjes et al., 2013; Polu et al., 2015). Disable People Organisations of people with psychosocial disabilities across seven nations in Africa offered instruction and trainings to their members and their carers on the management of psychological indicators (Kleintjes et al., 2013). Social Help Groups in Bangladesh prepared their members on self-care physical indications and intricacies related to disability (Polu et al., 2015).

Income and employment opportunity

Many studies recommend that SHGs for those with disability should have reserve funds, and loan schemes; these should open opportunities for the PWDs to generate income and support their livelihood by instilling a savings culture and, encouraging access to microfinance and standard bank loans (Kumaran, 2011; Miles et al., 2012;

Cobley, 2013; Kleintjes et al., 2013). One member from a SHG in Nepal detailed that because of the improvement of her income subsequent to joining the group, she turned out to be more respected in her family (Dhungana and Kusakabe, 2010).

Disabled peoples' organisation in India set up micro-enterprises for income generation due to group savings alone without access to credits from banks. After joining a DPO, the incomes of all members increased on a monthly basis as a result of the adopted income-generating activities (Kleintjes et al., 2013).

Thus, in some low-pay nations, DPOs catering for the needs of homogeneous PWD groups are common. Most would agree that the disability movements at the state and neighbourhood levels are consistently frail because of the instances of infightings. Indeed, such a situation detracts endeavours by the disability movement for adequately supporting the PWDs' rights and the capacity to turn out to be completely included within neighbourhood networks with assembled front.

Moreover, such a situation is additionally compounded by the fact that the DPOs have themselves been vigorously affected by the "charity/welfare model" to deal with disability issues. There are few DPOs in Nigeria who have the clear understanding of the social model of disability and this prompts the adoption of inappropriate agitations and campaign techniques. This conclusion may appear to be speculative. Nonetheless, in most occurrences, this has been affirmed. In their campaign and agitations, the DPOs have focused more on eradicating environmental hindrances instead of managing the more profound and situated institutional and attitudinal hindrances. Subsequently, until this point in time, disability movement has not actually gained any critical ground in foregrounding rights-based approach to deal with disability. Disabled Peoples Organisations are without a doubt mindful of the significance of the UN Convention on Disability Rights. Yet there is no viable disability legislation nor is there a sufficient authoritative infrastructure for its implementation. It is impossible that the political consequences of the UN Convention will include any effect within Nigeria in a reasonable time-frame. Another perplexing variable is that the leadership of the Nigerian DPOs will in general, be working class and metropolitan. Notwithstanding, the majority of the PWDs in Nigeria are represented by the DPOs which are populated by "disability elites".

2.5. Strategies for coping

Kassah, Kassah and Agbota (2014) show the strategies employed by some PWDs in coping with violence and all other forms of victimisations. These are: help-seeking, avoidance, confrontation, confidence-building and sympathy exchange.

2.5.1. Help-seeking

As indicated by Kassah, Kassah and Agbota, (2014), the most widely recognised adapted technique utilised by the PWDs to conquer abuse is seeking help. The PWDs depend on some relatives, family members or companions to cater for themselves and meet their financial responsibilities to their children. Meeting the financial requirements of one's children is a parental role that is exceptionally valued and WWDs that have children make honest effort to satisfy the role expectations. For instance, Kassah (2008) refers to the Ghanaian experience where addressing parenting is viewed as a social security measure for the future. Looking for help turns into a type of a "help to self-help" system through which the WWDs attempt to eliminate poverty, reinforce their female identity and reduce maltreatment. However, the technique of help-seeking or "begging within the family" has enabled the WWDs to overcome any barrier between their expectations and what they can bear. Notwithstanding, it has emotional effects on them, because help-seeking deflates their self-confidence and expose them to unwholesome humour. Moreover, the help-seeking methods, by and large, have prompted the unevenness between what they feel and, the socially characterised feeling and display rules (Hochschild, 1979). Lamentably, they have no other choice than to seek-help based on the realisation that their transient inconvenience may at last assist their children to possibly receive education and change their financial statuses later on. A commitment in 'normal' and profoundly esteemed activities, for example, financing the training of their children may diminish the occurrence of abuse and improve their self-esteem (Kassah, Kassah and Agbota, 2014).

2.5.2. Avoidance strategy

Another method to cope with victimization explained by Kassah, Kassah and Agbota, (2014) is avoidance. They report that embracing the avoidance strategy has helped the

WWDs to protect themselves from their possible victimizers. The emotional consequences of victimisation seem to be limited when this method is systematically utilised. In Ghana, socio-cultural generalisations make it hard for the WWDs to carry on with honourable living without abuse and their efforts to distance themselves from victimisers may empower them to protect their self-esteem.

The avoidance strategy is likewise referred to as a protective technique (Summers-Effler, 2004). He postulates that the inspiration for embracing a protective system is to control one's conduct and get the best result in a compelling environment. While the technique of avoidance is significant and should be utilised in fighting social, physical, verbal and sexual forms of abuse, an overdependence on this procedure may entrench social maltreatment in relation to, for instance, segregation and disregard. The WWDs who adopt this method of avoidance may think that it is considerably harder to find partners and satisfy the exceptionally esteemed social expectations for a normal woman. Specifically, Kassah, Kassah and Agbota, (2014) states that the WWDs maintain a strategic distance from serious relationships with their possible partners in order to limit the generally horrible odds of satisfying the imperative womanlike role assumptions, for example, having sexual relations, performing wifely roles and being daughters'-in-law. The utilization of avoidance strategy as a technique is in two edged-sword; it has both merits and demerits. Hence, the WWDs need to utilise it selectively to meet their ideal objectives in the contexts of abuse and victimisation.

2.5.3. Confrontation strategy

Another adapting procedure revealed by Kassah, Kassah and Agbota, (2014) is confrontation. Confrontation is a fundamental system regardless of whether it is regularly fruitlessly utilised by the WWDs to propel their partners to acknowledge their financial commitments. Nonetheless, confrontation has its cut-off points particularly in social orders where concerns for the welfare of the WWDs are abysmal or almost non-existent.

2.5.4. Confidence building strategy

Building of confidence is also stated by Kassah, Kassah and Agbota (2014) as the WWDs use it to adapt to the emotional imbalances they experience. Their membership and active engagement in several formal or informal organisations has enabled them to gain knowledge on their rights and get motivation from the WWDs who are educated and successful. They likely have the chance to learn with some skills and undergo training in skills of communication, for example, public speaking.

Engaging in the organisation's activities appears to positively affect their social and individual personalities (Turner and Stets, 2009). Through engagement in the activities of the organisations they are members of, few of the WWDs profit by the contacts with positive good models who partake and share their encounters with members of the group. Reflections on the perspectives of the good models may likewise empower the WWDs to change their disguised feelings of stigmatisation and inferiority. The WWDs assemble their fearlessness when they meet and examine issues that worry them. The procedure of building self-confidence may consequently assist the WWDs with conquering dejection they experience from abuse.

2.5.5. Exchange of sympathy as strategy

The exchange sympathy strategy is firmly identified with the confidence-building strategy. This is similar to the collective procedures adopted by groups of feminist movements. As revealed by Kassah, Kassah and Agbota (2014), some WWDs use their meeting place to converge and discuss the impact of victimisation on their lives and how they have found some resources to sustain themselves. In these gatherings, members share their encounters without the fear of being misread. By narrating their own encounters to other people, they are probably going to get sympathy in return. Sympathy is the distress and empathy felt for other; sympathy exchange enables one to get off the trap of abuse and its disorderly impacts for a period and gives the space for healing (Clarke, 1997). Active engagement in aggregate group procedures at meetings seems likely to let them off the trap and may have an enabling impact on them. Sympathy exchange as a strategy is advantageous for incorporating the WWDs into the society and empowering them to build up the trust which is expected to fight abuse and its aftermaths. Notwithstanding, the strategy has its limits since what Clarke (1997) tag as "sympathy credit" can be depleted in the long run.

2.6. Theoretical framework

Critical Disability Theory (CDT) was utilised as the theoretical base for the explanation of the victimisation experiences of the WWDs and their coping strategies.

2.6.1. Critical Disability Theory (CDT)

Traditional discourse on disability serves to oppress the PWDs and impinge on their fundamental human rights as deduced from the prevalent social construction of disability. Hence, CDT is a major theory of disability propounded and rooted in a critique of these traditional discussions and negative perceptions of disability. The rise of CDT is built on the contention that "disability is neither essentially an issue of medicine or wellbeing, nor an issue of affectability and empathy; rather, it is an issue of legislation and power(lessness)" (Devlin and Pothier, 2006:2). This perception disputes the assumed supremacy of people without disabilities and the oppressions that arise from restricting the PWDs access to legal, political and socio-economic benefits which are then rearranged as privileges to be negotiated (Oliver and Barnes, 2010; Rioux and Frazee, 1999; Rioux and Prince, 2002).

Critical Disability Theory shifts away from the individualised construction of disability which is grounded on the biomedical model, liberalism and the social model of disability. It advances toward a rights-based method that contends for the PWDs' equivalent admittance to all public activities including transportation, housing, financial qualification, wellbeing, education and employment (Oliver and Barnes, 2010; Bichenbach, 2001; Rioux and Prince, 2002; Rioux, 2003) as well as the "key sites of power and privilege" (Hughes and Paterson, 1997:325). Williams (2001:134) express the idea that "If disability is viewed as an individual misfortune, PWDs are treated as the victims of condition and if disability is characterized as social oppression, PWDs can be perceived as the collective victims of a heartless prejudicial society" (Oliver, 2009; Hughes and Paterson, 1997). From this viewpoint, the difficulties experienced by the PWDs can only be attended to once the extant legislative system for protection and inclusion of PWDs are appropriately executed and assets are fittingly and decently distributed to them (Oliver, 2009; Hughes & Paterson, 1997; Williams, 2001).

Critical Disability Theory significant objective is to ensure rights of the PWDs "based on humanity rather than economic contribution and rights are equated with those of all others in the society" (Rioux, 2003:296). In the words of Devlin and Pothier (2006), they attest that the greatest challenge of the PWDs comes from the conventional society's reluctance to adjust, change, and even give up its 'normal' ways of getting things done. This mechanism considers society answerable for providing socio-economic supports to give room to "socio-economic integration, self-determination, effectual and social rights" (Rioux, 2003, p. 296). This perspective is a challenge to the prevailing philosophy that disability is exclusively a medical situation which underlies the need for medical treatment for the PWDs. As such, disability is acknowledged as an integral part of the society; in this manner, the 'treatment' rests on socio-economic and policies reformation, power redistribution and granting of self-governance to the PWDs (Gillies, 2014).

Furthermore, CDT is "a self-consciously politicized theorisation for the PWDs' empowerment and substantive pursuit" (Devlin and Pothier, 2006:8). Therefore, the application of CDT to explore and understand disability has to do with the PWDs' quality of life directly. How the society conceives disability affects the PWDS' rights and the way they are treated in their societies. In the assertion of Rioux (2003:289), "how disability is viewed, diagnosed and treated, experimentally and socially, is reflected in speculations about the social responsibility towards PWDs as a group". The impacts of how disability is constructed on the lives of the PWDs cannot be downplayed particularly when such conceptualisations have truly been hostile to the PWDs and have prompted oppression and exclusion from the basic parts of civic life. Hence, a definitive objective that prompted the advancement of CDT is to upgrade the PWDs' quality of life (Gillies, 2014), to empower them to adapt to all types of mistreatment, unfavourable policies and victimisation. Hosking (2008) explains further, in his addendum to the theorisation of CDT, that CDT is fixated on disability as it contrasts radicalism's standards and values with their actualisation in the everyday living of the PWDs. He propounds seven components of CDT which are adopted for this study. These are the social model of disability, multidimensionality, diversity, rights, voices of disability, language and transformative politics.

Social Models of Disability (SMD)

According to Hosking (2008), a version of social model which is based on three principles were adopted by CDT. These principles are:

Disability is socially constructed and not a consequence of impairment that cannot be avoided;

Disability can best be described as a complicated interrelationship among impairment, response to impairment by individuals and the social environment of the impaired; and

People with disabilities experienced social disadvantage which are engendered by different constraints such as physical, institutional, social, environmental and attitudinal restrains. These lead to the neglect of the PWDs who are seen as not matching the social definition of 'normalcy'.

At the emergence of SMD, activists who supported the movements for the disabled do make an extreme claim that no form of impairment makes anyone disabled. But the inability of the society to reconcile differences limits the PWDs' options. This claim made the SMD popular in the disability discourse. The conception of SMD addresses the present focus which is a powerful push expected to conquer the state of being inactive (Hosking, 2008). Though the social model was widely accepted, it is so important to be careful not to return to an essentialist conceptualisation of disability. For this to be achieved, CDT proponents postulated that any complete record of disability must contain the individual's encounters of impairment and illness. This postulation prompted the synthesis of the medical and social models of disability by the WHO; they labelled the emergent eclectic model biopsychosocial model (WHO, 2002). The biopsychosocial model balances the contributions of impairment, impairment responses and socio-environmental hindrances imposed on disability conceptualisation (Hosking, 2008; Gillies, 2014).

Besides, Hosking (2008) states that public policy should react to both aspects of disability- the social and the biomedical. Appropriate reactions to the biomedical and impairment aspects of disability are prevention, treatment and rehabilitation. For those individuals who keep on encountering marginalisation in spite of mediations for their

biomedical conditions, the proper reaction is to change the social environment. There is, notwithstanding, an inalienable strain between the medical model which looks to eradicate disabling impairments and a social model which acknowledges and genuinely values PWDs as equal and integrated members of the society (Devlin and Pothier, 2006). The social model component of CDT examines this tension by addressing, in addition to other things, the ideas of individual autonomy and mutuality; the social conceptualisation of disability and non-disability; normalcy conceptualisation; the crucial estimations of individual nobility and regard in equitable social orders and the issues at the convergence of disability with class, sex, race, sexual orientation, ethnicity and other socially constructed classifications.

Multidimensionality

This is another element of CDT which has connection with identity jurisprudence. Aspects of identity jurisprudences are connected by their focus on some recognising attributes which fill in as the organised principles for the study of how the law and legal institutions affect individual and group identities. Identity jurisprudence outgrows identity politics which, as the name connotes, are political issues organised around a social identity. One of the perils of identity-based legislative issues is the need to characterise the identity of the groups' will, in general, prohibit erring members, demands members to adjust to group's guidelines, and end in-group diversity (Holzleithner, 2005).

Multidimensionality is an essential element of CDT. Multidimensionality makes for avoiding the pitfalls of exclusion and conformity perpetrated by identity politics. It likewise mirrors the reality that the PWDs comprise a different and variable population within a specific social design which additionally belongs to some other social groupings. The combination of the social structures and classifications is referred to as intersectionality by Crenshaw (1989). Multidimensionality describes the multiple and interconnected memberships which individuals perform in their lives on a daily basis. By recognising everyone's multidimensional nature, structural analysis of society while recognising that all groups constitute multidimensional members, is enabled.

Valuing diversity

This element of CDT centres around the crucial value of political and legal progressivism as the guideline of political and legal fairness. Race, gender, sexual orientation and identity are all social classifications to which radicalism needs react to. With race, nationality, gender and sexual orientation, the reaction has been to consider what used to be significant differences to be no longer pertinent. Thusly, political and legitimate balance could be demanded without upsetting the essential structures of the society. The result of this approach is that diversity becomes abandoned. The inquirer should seem like the comparator. Put differently, the inquirer is discovered to appear as something else and subjected to a different treatment.

When this element is applied to the PWDs, however, the approach is unable to satisfactorily respond to political and legal equality demands. Disability encapsulates Minow's "dilemma of difference" (see Minow, 1990) which emerges when it is important to conclude whether to manage a differences by recognizing and reacting to it or by overlooking it. Contingent upon the unique circumstance, equality objectives might be advanced by recognising and regarding differences in manners which adequately disregard it or in manners which react to it. With disability, many atimes, the distinction ought not simply be excused as immaterial in light of the fact that disregarding the distinction ordinarily has the impact of dismissing and marginalising the person concerned. All things considered, a reaction which considers the types of disability eliminates discriminations and enables social inclusion that is required. For CDT, being recognised and distinguished as a PWD is key to understanding one's self, one's social situation and one's knowledge of the social world. Critical Disability Theory perceives and invites the certainty of contrast and imagines equality within a diversity framework. Any orderly reaction to disability which seeks to annihilate disability is characteristically unequipped for successfully ensuring the rights of the PWDs to be full members in their communities.

Rights

Regardless of much scepticism about the pertinence of legal rights to disadvantaged groups in the larger society, the CDT holds onto legitimate rights as an irreplaceable

instrument to propel the equality claims of the PWDs and to advance their full integration into all the aspects of their societies. It additionally values and embrace the diversity that the PWDs bring to their communities. The CDT's focal concern is that the PWDs' rights to self-governance and full support in the society are reflected in the pressure between the social welfare-based and the rights-based approaches to policymaking on disability. The CDT does not dismiss liberal rights. Rather, it uncovers how the liberal rights theory is unable to react meaningfully to the necessities and interests of the PWDs separately and by and large by not considering the diversity of the community of the PWDs in its conceptualisation of equality and protection.

Voice

Customarily, the voices of the PWDs who challenge the mainstream conceptualisations of disability and, the potentials and roles of the PWDs have been smothered and underestimated (Weis, 2005). In the event where disability connotes lack, failure, unchosen and detested, the voices of the PWDs can generally be deciphered as indications of an individual's sound or undesirable health connection to that disability. At the point when the voice of the PWDs say what the able-bodied want to hear, it is heard; when it says what appears to irritate the perspectives or viewpoints of the able-bodied, they have no desire to hear them. Their remarks are just excused as the unseemly reaction of an individual who has developed an undesirable reaction to the impairment (Titchkosky, 2003).

Critical Disability Theory privileges the tales of the PWDs as it makes them to have a few voices. This is a significant matter in light of the fact that the able-bodied consider disability from their point of view. Having disability is imagined and characterised as suffering. Those without disabilities see the lives of the PWDs as lives subjected to a constant dependency on others and valueless. For these perceptions to be erased, the able-bodied people should begin to understand that people with disabilities should not be prevented from enjoying a joyful and desired life. Therefore, able-bodied people need to listen and value the perspectives of those having disabilities.

Language

Another element of CDT deals with how language effects the conceptualisation of disability and PWDs' statuses. This element involves words that are used to label PWDs and the images used to depict disability. Language is famously thought to be a straightforward and unbiased methods for communication. The CDT, nonetheless, comprehends language to be characteristically political. Language conveys with it, value and ideological implications. The word, 'disability', is utilized to distinguish the subset of a population but the fuzziness that comes with social categorisation makes the meaning of 'disability' to be a seriously contested one.

The labelling of human classes is a constant process. In most cases, any name depicting a thing that society considers as a negative comes to have a negative social undertone. This negative name or tag, at that point connotes a negative undertone. To evade the negative undertone, a vested party chooses another name which before long enters the standard lexicon. By and large, with each difference in name, there will be a decrease or disposal of some negative generalisations. By the mid-1980s, the PWDs' community in the English-speaking areas recovered the word, 'disability', and started to form it to embrace their inclinations. Expressions, for example, 'disabled people,' 'people with disabilities' and 'the disabled community' were adopted by the communities of the PWDs. The agreement on utilising 'disability' to describe their conditions has been sustained for years.

The words and pictures used to depict the PWDs directly affect the mind-sets towards the PWDs. In the past and at present, on print and visual media, in high and low culture, PWDs have been and are depicted as inadequate, pitiable, devilish, risky and useless. Notwithstanding the presentation of numerous positive alternatives, the media and the culture industries still reliably mirror the negative social demeanour towards disabling impairments. The CDT analyses show how these antagonistic stances are uncovered through a discourse of personal misfortune which underscores how disability renders people frail, defenceless and dependent.

Transformative Politics

One of the differentiating traits of the CDT from the traditional theory is its insistence that a theory must have both exploratory and normative features. The transformation of the socio-economic, socio-political and social structure of society to emancipate

humanity was a continuous purpose of the Frankfurt Schools of critical theory. It is on this school that CDT was also built. It retains the linkage between theory and practice, and its 'self-consciously politicised' theoretical contents. The goal of CDT is the theorisation of empowerment and equality (Devlin and Pothier, 2006). Critical Disability Theory is about power and 'who and what get valued' (Hutchinson, 2003).

The policy reaction to the medical model of disability centres around forestalling and curing of disability or offering help for the individuals who don't react to the medical model's mediations. In most Western democracies, there has been reformist democratisation of the disability-related social welfare programmes. However, they are still paternalistic in nature. In addition, democratisation camouflages government's expense cutting habits that disadvantage PWDs and other socially excluded communities. Critical Disability Theory offers the theoretical basis for divergence policy reactions (inclusion policies, equality and independence) to disability.

While it shows clearly that CDT does not recommend that prevention and cure are not a significant components of a total societal policy on disability, medical mediations and discussion of prevention and cure have been profoundly hazardous for advancing the equality and social privileges of the PWDs. Much of the medical science's capability for scientific progressions are moving faster than what the moral compass can capture. By uncovering concealed inspirations, distinguishing how social perspectives are adapted by the depiction of disability in the print and visual media, indicating that the decisions made for the bearings and objectives of exact research are the consequence of unexpected social cycles and showing the unforeseen idea of disability social construction, CDT gives a hypothetical premise to the development of more compelling policy reactions to disability and foreground democratic political control of social institutions which deal, in one way or the other, with issues identified with disability.

2.6.2. Appropriateness of Critical Disability Theory (CDT)

Critical Disability Theory becomes appropriate for this study because of its focus on the PWDs. It distinguishes how the possibilities for the social conditions of the PWDs are to look like than what the possibilities are lately. In particular, CDT in this study is viewed as encompassing the social model of disability. This is on the grounds that it

perceives disability as an unavoidable outcome of impairment and as a complex socially constructed interrelatedness between impairment and, impairment response by individuals and the social environment. The theory indicates that the social disadvantage encountered by the WWDs is engendered by the social environment (the blend of the seven elements) which neglects to normalise the existence of the PWDs. This social environment significantly engenders victimisation of the WWDs and exposed them to other vulnerabilities.

Furthermore, CDT proposed a satisfactory construction of equality which underpins the political requests of the WWDs for full inclusion in their societies. It thinks about the reality of differentiation and perceives that, occasionally, the distinction should be thought of, and at times, it should be overlooked to propel equity. Critical Disability Theory invites and values diversities, and changes the construction of equity to accommodate diversity in status or positions. Generally, the voice of the WWDs' who challenged the mainstream disability conceptualisations and their legitimate social positions has been curbed. Critical Disability Theory offers voices to the WWDs and depends on their voices to offend the antagonistic mentalities and acts against disability which are generally communicated by people without disabilities. These negative mind-sets and acts are both reflected in and strengthened by socio-cultural articulations. For instance, the Yoruba language describes the PWDs as *abirun* (incomplete/disabled person), *aro* (physically handicapped), *ode* (idiot) among others.

On a final note, CDT is purposively political in that its goal is to initiate societal transformation so that the WWDs and the PWDs can become equal members and be completely integrated into their communities. Along these lines, for the appropriate infusion of disability interests into all the political/legitimate structures of Lagos state, CDT elements are to be deployed in understanding the connection between impairment, disability and society. In any case, those responsible for disability policies and execution do not take these elements into cognisance. Consequently, the WWDs are left unprotected and exposed to victimisation.

CHAPTER THREE
METHODOLOGY

3.1. Introduction

This chapter is focused on the methodology adopted in the study. The sections in the chapter include study area, research design, study population, data collection, methods of data collection, sample selection, data analysis and ethical consideration.

3.2. Research Design

The exploratory design was adopted for this study to investigate the victimisation experiences and coping strategies of women with disabilities (WWDs) in Lagos State. Exploratory research design is a methodological design adopted for a research problem that the researcher or investigator has no depth data or substantial studies for reference to infer from. In some situations, the exploratory study is either informal and unstructured but on many occasions, it serves as a bedrock for previous that provides some hypothetical or theoretical ideology of the research problem at hand (Dudovskiy, 2018). This design became expedient for this study because there are few studies for reference on how WWDs construct their daily victimisation encounters and none on their adopted coping strategies which were examined in-depth in this study. Therefore, working to achieve an in-depth and substantial responses to the objectives of the study, the study design relied on the qualitative method of inquiry. This became necessary because, the nature of the problem under investigation requires a design that will give room for the participants to fully participate and engage in the research activities so that the researcher can probe in-depth, the subject and secure detailed responses to the research questions from the participants.

3.3. Study area

Lagos State was purposively selected as the study area for this study. Lagos State was previously the capital of Nigeria and was estimated to be the fastest-growing State and economy in Nigeria (Lawal, Egbejule and Norbrook, 2016). The wealth of Lagos State, to a large extent, is derived from different kind of economic activities such as manufacturing, banking, music, fashion, cinema and the information technology industries that are concentrated in the state. Lagos State was also reported to have the highest standard of living when compared to other cities in Nigeria as well as ranked one of the most expensive cities in the world (CNBC Africa, 2013; Ogunlesi, 2014). The State was created on May 27, 1967 by the State Creation and Transitional Provisions Decree (Decree No.14 of 1967), but did not take its administrative status until May 1, 1968. It acquired its administrative status with the enactment of the Administrative Division Establishment Edict No. 3 of 1968. Lagos State occupies an area of 358,861 hectares that represent 0.4 per cent of Nigeria's landmass andthis makes it to be regarded as the smallest State in Nigeria (Oteri and Ayeni, 2016).

Ethnically, Lagos State has some indigenous population. The "Aworis" are domiciled in many parts of Lagos Island, Ikeja and other areas on the Lagos mainland, Ojo and some parts of Badagry. While the old Badagry Division is predominantly occupied by the "Ogus". In the Ikorodu and Epe areas, there is the predominance of the "Ijebus" with pockets of "Airin" people along the riverine areas. Lagos State is predominantly a Yoruba speaking city. Though, there are mixtures of pre- and post-colonial immigrants who settles and speaks some other languages. All of these groups of settlers had formed a classifiable Lagos population. From the time immemorial, Lagos is characterised with large non-native populations and this is because Lagos indigenes have always been very accommodating (Lagos State Ministry of Rural Development,2015).Also, many of the Nigeria's major ethnic groups are represented in Lagos. These ethnic groups include Igbo, Hausa, Efik, Ibibio, Igala, Urhobo, Fulani, Itsekiri and many others. Likewise, nationals from the West African States can also be found in Lagos which includes Ghanaians, Togolese, Beninese, Liberians, Senegalese and others (Lagos State Government, 2011). This makes Lagos State, truly a heterogeneous and a socio-cultural melting pot.

Lagos State is a port city and the most populous in Nigeria. The metropolitan area originated from islands, including Lagos Island, which were protected from the

Atlantic Ocean by sand spits. The city has expanded onto the mainland which is to the west of the lagoon. Two major areas of the Lagos mainland are Ikeja, the capital of Lagos, and Agege which is over 25 miles northwest of Lagos Island. In the last national census held in Nigeria in 2006, the National Population Commission put Lagos State population's official figure at 9,013,534 (National population commission, 2006). As at 2014, the Lagos State government estimated the population of Lagos to stand at 17.5 million.Although, this number has been disputed by the Nigerian federal government and the National Population Commission of Nigeria which put the population at about 21 million in 2016 which makes it the largest city in Africa (Otero and Ayeni, 2016).

Having this background, Lagos State was chosen for this study because of it being the commercial centre and the socio-cultural melting pot of Nigeria which is characterised by a very high population density. Lagos State, compared with the other states in Nigeria, harbours more diverse ethnic groups (National Population Commission, 2006) and races. Also, being the commercial centre of the country, both the able-bodied and the PWDs find their way into Lagos State for economic survival, self-development and social networks. Furthermore, Lagos State is one of the few states with a formal establishment for disability matters. Lagos State has the Lagos State Office for Disability Affairs (LASODA) which was created under the Lagos State Special People's Law in 2011. Hence, Lagos State formally recognises Disabled People Organisations (DPOs); most of the DPOs are registered with LASODA and they have their offices in Lagos.

3.4. Study Population

Participants in the study included:

Women with Disabilities (WWDs) - These are women that are in state of physical and visual disability either at birth or by injuries, sicknesses or congenital deficiencies and are permanent residents of Lagos State.

State Actors (SAs) - These are persons who are acting on behalf of governmental bodies and are therefore subject to regulations under the Nigerian Constitution. They are seen as the representatives of every level of government (federal, state and local government) in maintaining social order. Therefore, for this study, the SAs are those

concerned with cases of victimisation experiences of the WWDs in Lagos State which includes, the police, law courts and the Lagos State Office for Disability Affairs (LASODA) who have been residing in Lagos State, working around legal regulations and disability matters in thelast 10 years. They formed part of the sampled population.

Non-State Actors (NSAs) - These are national or international organisations with the sufficient power to influence and cause a change even though they do not belong to any established state institutions. For this study, the Disabled People Organisations (DPOs) formed part of the study population. This DPOs must have operated for minimum of five years within Lagos State. They constituted the NSAs of this study because they stand as the representatives of the PWDs who protect their rights.

3.5. Sample selection

The non-probability sampling techniques, which are purposive and snowball sampling techniques, were adopted to select the participants for this study. By categorisation, the following were the major Disabled People Organizations (DPOs) identified in Lagos State:

1. The Joint National Association of Persons with Disabilities (JONAPWD)

2. Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND);

3. Nigeria Association of the Blind (NAB);

4. Spinal Cord Injury Association of Nigeria (SCIAN);

5. Deaf Women Association of Nigeria (DWAN);

6. The Centre for Citizens with Disabilities (CDD);

7. The Resource Centre for Advocacy on Disability;

8. Project Alert; and

9. Disability Rights Advocacy Centre (DRAC).

From the above list, 7 DPOs were purposively selected out of the 9 DPOs. Each of the selected DPOs focus on a particular disability and advocates the rights, social support

and protection for the PWDs. Hence, the following were the 7 purposively selected DPOs:

1. The Joint National Association of Persons with Disabilities (JONAPWD);

2. Project Alert;

3. Nigeria Association of the Blind (NAB);

4. Spinal Cord Injury Association of Nigeria (SCIAN);

5. Disability Rights Advocacy Centre (DRAC);

6. Centres for Citizens with Disabilities (CDD); and

7. The Resource Centre for Advocacy on Disability.

The Deaf Women Association of Nigeria (DWAN) was left out of the selection because the researcher does not have sign language capacity to communicate with the Deaf/women with hearing disability. While the Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND) was also left out to avoid repetition of roles documentation because they play same roles as the JONAPWD.

The seven selected DPOs constituted the non-state actors for this study. One representative head of each of the seven purposively selected DPOs was chosen as participant for this study. Also, three heads of governmental agencies that deal with disability matters and constitute state actors (the Nigeria Police Force, the law court and the Lagos State Office of Disabled Affairs (LASODA)) were purposively selected. Hence, there are 10 participants for the Key Informant Interview (KII) sessions. Furthermore, from each of the purposively selected 7 DPOs, 3 WWDs who had been victimised were reached through snowball or referral sampling procedure for the In-depth Interview (IDI) sessions. This made up to the 21 participants for the IDIs. In addition, some WWDs found on Lagos streets and parks, who, for one reason or the other, did not belong to any DPO and are at the edge of the society, were also reached through the snowball sampling technique. This set of participants are destitute WWDs. The researcher was able to get 10 of them that had been victimised to participate in the study (see Table 3.1. below).

Finally, case studies on some WWDs who had been successful in their careers were selected based on the appropriateness and relevance of the cases. For this, 3 successful

WWDs were purposively selected. Two of these women were selected because they faced challenges as other WWDs but were able to navigate their ways to respectable administrative positions. One of them is a legal and gender rights advocate and the second, heads her department in the public service while the third is a chief executive officer. The third successful woman with disability was selected because she got successful in her career path with fewer challenges when compared to the previous two WWDs because of the full support from her family. See below, table 3.1 for the summary breakdown of the sampling techniques with the sample selection.

Table 3.1. Summary of sampling techniques and sample selection

Sampling Technique	Sampling Selection	Data Collection Method	Number of Participants
Purposive Sampling	Non-State Actors: Disable People Organisations (7 DPOs)	KII	7 (one representative head (directors) from each DPOs)
	State Actors: the Nigeria Police, court of law and LASODA	KII	3 (one representative head from each of the agencies)
Snowball Sampling	Victimised WWDs: WWDs from the 7 DPOs	IDI	21 (3 from each DPOs which cut across different categories of WWDs and victimisation experiences)
	destitute WWD	IDI	10 (cut across different types of disabilities and victimisation suffered)
Purposive Sampling	WWDs who were seen to have been successful in their life pursuits/careers were selected through the IDI and KII sessions.	Case study	3 cases of WWDs who were seen as been successful in their life pursuits/careers but had also at one point in time been victimised were selected
			Total: IDI= 31 KII= 10 CS= 3

Source: Olaitan, 2018

3.6. Inclusion criteria

The inclusion criteria for the study were:

- Women with visual or physical disabilities (which includes handicaps, kyphosis (hunchback), spinal cord injury, and albinism)between age 18 and above;

- The WWDs who have the ability to hear, comprehend and communicate sufficiently well to be able to respond to the questions in the research instruments and give the informed consents to participate in the research;

- The women with disabilities permanently residing in Lagos state; and

- Individuals who belong to the state and non-state actors which are dealing with disability matters.

3.7. Data Collection and Instruments

The data collection technique was largely qualitative. One of the benefits of the qualitative method is that it gives room to achieve valuable insights through subjective narratives of the participants. This enables data presentation that are rich in narratives and experiences. The main instruments used are the Key Informant Interview (KII) guide, In-depth Interview (IDI) guide, and Case Study (CS) guide (*see Appendix 1-4*). These instruments of data collection were chosen for ensuring the effective participation of the researchparticipants and flexibility in the data collection process to enable probing of the participants.

3.8. Methods of data collection

3.8.1. Primary data collection

The primary data for this study were gathered with the use of In-depth Interviews (IDIs), Key Informant Interviews (KIIs), and case studies (CS).

Key Informant Interview: Ten KIIs were conducted. These interviews were held exclusively with representatives of the state actors (the Nigeria Police Force, court of law and the LASODA) and the non-state actors (DPOs). These representatives were selected purposively based on their positions in their agencies and organisations. In addition, they were interviewed for being central to the interviewer's gathering of key information on their agency/organisational roles in handling cases of victimisation of the WWDs. Their administrative positions had exposed them to so many cases of victimisation of the WWDs.

In-depth Interview: A total of 31 in-depth interviews were conducted to generate relevant information from WWDs who were chosen through the snowballing sampling method. Snowball sampling method was used to reach these participants both within DPOs and in Lagos motor parks/streets because they are hidden population which cannot be directly identified as victims of victimisation. Therefore, it was through referrals from the DPOs they belong to and referrals from their co-destitute in the parks that the researcher reached WWDs who had once experienced one form of victimisation or the other throughout their lifetime. The first category comprised 21 WWDs who were selected across the 7 DPOs while the second category was made up of 10 destitute WWDs that did not belong to any DPO but had suffered victimisation. These categories of WWDs were considered suitable to give relevant information that were useful to answer some of the research questions and objectives relating to the social and cultural constructions of the WWDs, the dimensions and prevalence of victimisations, the redressing interventions of SAs and NSAs, the coping strategies that the WWDs who had experienced victimisation had employed.

Case study: Based on the relevance of the cases that include cause of disability, type of disability, sensitivity of victimisation case, high social status of the women victimised and the level of the women's involvement in the PWDs community, case studies of three (3) successful WWDs in Lagos State were examined. The selected participants were fully involved in disability activities till they attained their current respectable positions as chief executive officer (visually disability), head of department (living on wheelchair) and legal/gender rights advocate (visual disability). The successful WWDs are also referred to as "able heroes" because they have been able to sail through different societal barriers and navigate their way to get to the top

of their career. These WWDs' stories provided insights into the complexities of the victimisation experiences of the WWDs and their modes of adjustments, and their responses provided answers to the research questions and objectives of the study. This enabled the researcher to deal with diachronic changes and explain observed events as a continuation of the past sequence of events. The case studies further helped the researcher to elicit more detailed, robust and concise narratives on the nature and prevalence of victimisation experiences by the WWDs, as well as the structure, accessibility and effectiveness of the available laws of disability in Lagos State. The participants for the case studies were purposively selected.

3.8.2. Secondary data collection

Secondary data were collected from books, journals, news reports, statistical and official bulletins. Particularly, available publications, newsletters, bulletins or published documents such as newspaper reports on the victimisation experiences of the WWDs were sourced, reviewed and utilised. In addition, reliable internet sources were utilised for some relevant studies on women with disabilities.

Table 3.2 below shows the data collection matrix by research objectives.

Table 3.3 shows the measures/indicators of the research objectives by data collection

Table 3.2: Data collection matrix by research objectives

Research Objectives	Methods of Data Collection		
	Key Informant Interview	In-depth Interview	Case Study
1. To examine the social construction of Women with Disabilities (WWDs)	✓	✓	✓
2. To investigate the victimisation encountered by Women with Disabilities (WWDs)	✓	✓	✓
3. To explore the roles played by the state and non-state actors on victimisation cases involving Women with Disabilities	✓	✓	✓
4. To investigate the coping strategies employed by Women with Disabilities victimized	✓	✓	✓

Source: Olaitan, (2018)

Table 3.3: Measures of research objectives by data collection

Objectives of Study	Measurement	Data Collection Method
Examine the social construction of disability	Meaning of disability Socio-cultural perspectives of disability Factors that constitute disability Knowledge of disability laws in Lagos State	KII, IDI, CS
Investigate the victimisation experiences of WWDs	Meaning of victimisation Dimensions of victimisation experienced Prevalence of victimisation experienced Peculiarity of victimisation experienced Effect of victimisation on WWDs	KII, IDI, CS
Explore the roles played by state and non-state actors in handling the cases of WWDs' victimisation	Knowledge of the disabled people organisations and agencies dealing with disabilities Activities of the DPOs and Agencies Accessibility, effectiveness and challenges of the DPOs and agencies Relationship between the organisations and agencies Knowledge of disability laws in Lagos State and the UN convention on the rights of WWDs Development, intervention and assistance programmes for proper inclusion and protection of WWDs	KII, IDI, CS

Investigate coping strategies explored by WWDs	Measures adopted to cope with disability conditions	
	Measures adopted to avert challenges of attacks and tolerate non-physical victimisation	KII, IDI, CS
	Measures adopted to meet their ends meet and make and survival	

❖ KII- Key Informant Interview; IDI- In-depth Interview; CS- Case Study

Source: Olaitan, (2018)

3.9. Data Analysis

The data for this study were generated from the IDIs, KIIs, and CSs, through the use of a tape recorder and field note taking.The data analysis started with the transcription of the electronic recorded interviews and was further compared with the field notes jotted during the fieldwork by the researcher. The content analysis method was adopted to analyse the generated and transcribed data. Specifically, the inductive content analysis approach was adopted for the study. According to Lauri and Kyngas, (2005), inductive content analysis is an approach used when formal knowledge about the phenomenon studied is unknown or minimal, or knowledge about the phenomenon is fragmented. The inductive content analysis is the best approach for this study because it enables a closed-class words rather than inflections and can be used to clearly define interpretation of a component parts of a whole and their relations in making up the whole. In another words, this approach is well suited for the analysis of multifaceted and sensitive phenomena such as disability studies because it gave the room to deploy the large volume of textual data and different textual sources to be addressed which can be used for corroborating obtained evidence. The procedure for the analysis went through the following stages:

The preparation stage: The researcher started the analysis with the preparation stage. At this stage, the researcher started with selecting the unit of analysis which was based on the main objective of the study after which the researcher harmonised the data and made sense out of them by noting the following:

Who tells what?

Where does this happen?

How did the narrated event happened and why did it happen?

In taking note of all these, the researcher was able to familiarise himself with the data.

The organising stage: At this second stage, the generated and transcribed qualitative data were organised. It was at this phase that the researcher was able to categorise the generated data according to the objectives and abstraction.

The reporting stage: This was the last stage of the analysis process. At this stage, all the categorised data were analysed, reported and used to address the objectives raised in the study. Furthermore, other relevant issues not anticipated from the onset were considered and teased out in ways that aligned with the main focus of the study which also represents duly, the experience of the participants.

3.10. Ethical considerations

Apart from the data and the resources that were outside the control of the participants, the researcher conducted this study using only the information supplied voluntarily by the participants. The researcher got the ethical approval from the Lagos State Office of Disability Affairs (LASODA) and the establishment vetted the research instruments before allowing the researcher to go ahead to interview the participants in the state. After the ethical approval, the researcher got full consents from all participants who granted the interviews. The researcher briefed them on their right to terminate the interview at any point. However, those who did not give their consents because of the fear of emotional trauma or shyness were left out of the study. The principle of respect for persons, confidentiality of data, beneficence and non-malfeasance is followed in the course of the study.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1. Introduction

This section is focused on the results and discussion of findings which are done simultaneously to bring out the beauty of the results. The section starts with the presentation of the socio-demographic characteristics of the 31 IDI participants which then follows with presentation of results and discussions on the states objectives of the study which are: examining the social construction of disability, investigating the victimisations encountered by WWDs, exploring the interventions of the state and non-state actors and finally, and investigating the adopted coping strategies by the WWDs.

4.2. Socio-demographic characteristics of IDI participants

In examining the victimisation experiences of WWDs in Lagos State, it becomes pertinent in this study to give brief socio-demographic characteristics of the 31 WWDs that participated in the IDI sessions. Table 4.1 below shows the background knowledge of who these women are. The socio-demographics of this group of WWDs are exigent because they are central to the study and are the direct victims of many of the recorded victimisation experiences.

Table 4.1:Socio-demographic characteristics of IDI participants

Characteristics			Frequency/Percentage	Total
Age	18-24		7 (22.5)	
	25-50		16 (51.6)	
	50+		8 (25.9)	31
Marital Status	Single		6 (19.4)	
	Married		9 (29.0)	
	Widow		5 (16.1)	
	Divorced		1 (3.2)	
	Separated		10 (32.3)	31
Ethnic group	Yoruba		22 (70.9)	
	Igbo		4 (12.9)	
	South-South		5 (16.1)	31
Educational level	No formal education		8 (25.9)	
	Pry		10 (32.3)	
	Secondary		7 (22.5)	
	Tertiary		6 (19.4)	
				31
Occupation	No job		6 (19.4)	
	Self-employed		5 (16.1)	
	Formal employee		2 (6.5)	
	Teaching		6 (19.4)	
	Petty Trading		2 (6.5)	
	Apprentice/Students		3 (9.7)	31
	Begging		7 (22.5)	
Income range	10,000-19,000		15 (48.4)	
	20,000-29,000		7 (22.5)	
	30,000-39,000		4 (12.9)	
	40,000-49,000		2 (6.5)	
	50,0000+		3 (9.7)	31
Religion affiliation	Christian		15 (48.4)	
	Muslim		10 (32.2)	
	Traditional		6 (19.4)	31
Disability type	Visual		5 (16.1)	
	Physical			
		Handicap	12 (38.7)	
		Albinism	2 (6.5)	
		Kyphosis	2 (6.5)	
		On wheelchair/Spinal cord	10 (32.2)	31
Disability by:	Birth		10 (32.2)	
	Life event		21 (67.7)	31
Nature of disability	Temporal		4 (12.9)	
	Permanent		27 (87.1)	31
Years lived with disability	1-19		4 (12.9)	
	20-29		6 (19.4)	
	30-39		6 (19.4)	
	40-49		4 (12.9)	
	49-50		5 (16.1))	
	50+		6 (19.4)	31

Source: Olaitan (2018)

The data for this were obtained from 31 participants who are women living with disabilities and had once experience victimisation at one point in time. From the table 4.1, a lot of information can be deduced. The table shows socio-demographic characteristics of the WWDs which includes age, religion affiliation, marital status, educational level, occupation, income range, ethnicity, number of years lived with disability, nature and types of disabilities. To start with, the table depicts that, a little above half of the participants are between age 25-50 years while most are of married marital status. All the 10 WWDs that are of separated marital status shown in the table are those living on the streets as destitute. One could say because of the dominating ethnic group in Lagos State being a Yoruba State, a large number of the participants are from the Yoruba ethnic group. The table shows many of them only has primary education with very few who had opportunity to acquire tertiary education which when probed further was as a result of their disabilities and this shows in the kind of occupation these WWDs are engaged in. Many of them are engaged in begging (though this are more of those living on the streets), while many others are engaged in teaching job, many others could not get job to do and very few are into petty trading, formally employed and are students. The nature of their job occupation also determines their level of monthly income with half of the participants earning between ten to nineteen thousand naira, very few earn fifty thousand naira and above. The table shows further that one-third of the WWDs interviewed had their disability at birth while others got disabled through life events such as diseases, accident, and insurgencies. Very few have temporal disability while many are permanently disabled as their legs/hands are either permanently amputated, spinal cord broken, albinism or totally got blind among others. Many of the participants had lived with disability between 20-50years of their life time. When this data is compared to how these women got disabled (life event), one could probably say many got disabled at their active age when trying to look for means of survival and the likes.

4.3. To examine the social construction of disability

4.3.1. Social construction of disability

In this section, collected data on social construction of disability are presented, analysed and discussed. This was achieved by doing a constructive analysis of how disability is constructed in medical and social models, types/categorisations of disability as well as the socio-cultural construction of disability by participants.There are different perspectives to the social construction of disability. These perspectives range from legal, political, social to medical. Some pitched their construction on medical grounds while some pitched it on social grounds and we have those who are more aligned with cultural and religious constructs. From a personal opinion of a Chief Executive Officer of a DPO, sheexpatiated on the medical perspective as:

> Any physical, mental condition or handicap that poses limitations or obstacles to a person's movement, senses, activities or ability to effectively make a person accomplish a task under normal conditions. *(KII/CEO/DPO/2018)*

Another male legal practitioner with visual disability in the Lagos State High Court explained disabilityadopting the description of the Lagos State Special People's Law. He said:

> In section 40 of the Lagos State Special People's Law, 2011 (as amended), disability is stated as a significant impairment condition which includes physical, visual, vocal, auditory, sensory or mental capabilities of a person which occurs at birth or by injury, sickness or its effect or deficiency that is congenital. Any of these forms of disability a person has definitely deprived him/her a probably equal chance in the society. *(KII/Male/Legal Practitioner/early 40s/2018)*

While a female representative of the Joint Association of People with Disability (JONAPWD) describes disability as:

> Any situation by which the five sense organs are having any challenge and are not functioning well as they are expected to function. *(KII/Female/DPO/45Years/2018)*

It can be deduced from the above participants who believed disability is a medical construct that,disability it when any part of the body or one of the five sense organs (eyes, nose, ears, tongue and skin) does not function or malfunctions. The non-functional or dysfunctional body part restricts them from performing every 'normal' activities in the society without any form of special assistance like their counterparts not having disability. On these medical grounds, the WWDs who are handicapped, amputated, being mentally unstable or having a hearing or visual disability are regarded as dysfunctional. They concluded that someone only becomes disabled because of physical or sensory bodily challenges as they regarded WWDs to be incapacitated to perform some functional roles expected or imagined by society because of their disabilities.

However, some other disability experts, professionals and women with disabilities (WWDs) that were interviewed viewed disability differently by debunking the assertion that disability is only characterised by physical challenges. The founder of Project Enable Africa, an initiative that promotes the rights, empowerment and social inclusion of the PWDs but community-based in Lagos, states that:

> Disability does not have a global accepted definition. Any definition adopted by anyone depends on the disability models they prefer to adopt. Generally, many see disability through the medical model and place PWDs as the problem. But I believe that disability is a social construct and the community is the problem. The various cultural and religious views we hold in Nigeria also significantly contribute to the various myths that strengthen these views. (*KII/Male/Founder/DPO/38Years/2018*)

Accordingly, a male Divisional Police Officer (DPO) has this to say:

> I do not see anybody as incomplete or disabled. Disability has no meaning to me. I see everybody as same because there are 'incomplete' people that are even very intelligent, active, educated and diligent in whatever they do than most people who are seen as being 'complete' and educated. So why should I see such people as disabled? If you are lazy, you are lazy! If you have any challenge, it is a challenge. Everybody would always have one challenge or the other at every point in time. Therefore, you must do what you need to do when you are to do

it   by   managing   your   challenges   effectively
(KII/Male/Police/2018)

To this category of people, disability is said to be combining both the medical and social conditions of disability.This goes in tandem with the Convention on the Rights of Persons with Disabilities (CRPD)and the International Classification of Functioning (ICF), Disability and Health Unit of the WHO's descriptions of disability.The Convention on the Rights of Persons with Disabilities (CRPD) stated that disability is the conditions (physical and social barriers) that prevent persons with impairments (medical construct) from taking part in the normal life of the community (social construct) on an equal footing with others (Article 1). The ICF gave the international measure of disability as endorsed by the 191 WHO member states. In their submission, disability is considered from both the social and the medical angles which is described in varying context, dynamic over time and in relation to circumstances (WHO, 2002; Hague, Thiara and Mullender, 2011). They perceive disability as a social construct determined by social factors like culture and religion. To this category of people, disability is relative. Therefore, it does not have a specific or global definition. In view of these submissions, disability can be said to be not just a mere health issues or medical dysfunction. Rather, it is an experience that is multifarious and affects a person's body and the ability to function equally in an existing society.

The above postulations have shown that there are several controversies that keeps cropping up in the process of giving a generic construction of disability that could fit all cultural or operational contexts. Though in solving these puzzle, many global health and human right organisations have tried to reach a consensus to give a definition which is all-encompassing, but the social context remains vague due to differentials in cultural underpinnings and human differences. However, some leading world organisations have been able to inculcate the social context to make it go beyond just impairments in their definitions such as seen above in the CRPD and ICF constructions of disability.

Furthermore, as deduced from the participants, either of the models (medical and/or social) adopted by any organisation or individual formed the bedrock or lens through which they describe and construct disability. A disability expert reported that in many

instances, disability is often confused with impairment but they are different in operational contexts. To the expert, disability is largely the perception of the community or people around the person with disabilities (PWDs) concerning his/her impairment. This shows that disability is largely a social construct. While impairment, as gathered from some of the participants, is defined as deficiency in the structure and/or functioning of a part of the body.

The aforementioned description of disability was further supported by two of the successful WWDs interviewed in the case study sessions of this study. In describing disability, they state that living with a disability is not absolutely challenging. They suggest that the most important thing is to adopt a convenient strategy for everyday living and its attendant activities. Devising a cogent strategy or set of strategies would ensure that one is not unnecessarily dependent on anyone. Some of the interviewed WWDs also think that most Nigerians already have stereotypical misconceptions of disability. To the successful WWDs, disability is quite different from impairment but Nigerians take them as synonymous. Disability is the socially constructed cultural, physical and knowledge barriers which limit the independence of the WWDs. It is about seeing the WWDs as having or living with contagious diseases; it is about seeing a WWD as unworthy of love and unfit to be 'good' wives or mothers in domestic settings; it is seeing the WWDs as asexual but making them an easy subjects of sexual harassment; it is not providing adequate communication aids for the WWDs with hearing or visual impairments.

Disability is also concerned with designing public infrastructures without due considerations for how the PWDs can access them conveniently; it is building schools that lack the instructional aids for the PWDs and, having public and private employers of labour who lack the adequate knowledge to cater for the PWDs and believe that disability is a disease that makes one medically unfit. These barriers have great implications for the WWDs as they disable them from functioning to their fullest capacity and competing with others not having disability. In the words of one of the successful WWDs with visual disability and HOD of a department in Lagos State civil service, she states thus:

> To me, living with a disability is not an issue at all; it is people
> who misconceive disability as impairment. Moreover, I see

disability as the barrier that is created by the society we live in. It is the barrier the society puts in my way, not my impairments, that makes me live with a disability. Imagine me going for a programme and being handed a printed document that I cannot read with my eyes as I am visually disabled? This and many others are what I see as a disability that bars me from functioning and competing well. The physical limitations; the ignorance on the part of the members of the society and the employers and the lack of facilities that could make me function like every other person are what I see as disability and not the impairment per say*(CS/Successful WWD/42Years/2018)*

Box 1: Narrative of a successful visually impaired WWD

I am in my mid-30s and I can say authoritatively that I am successful. With my disability, I was able to acquire a MSc degree. I have risen from the level of project coordinator up to the level of Chief Executive Officer. I have impacted so many lives and achieved so many goals.Though, yet to achieved all my goals as planned but I am not lagging. Over time, I have been able to live independently of family and friends in almost all ramifications. I am so sure that even those that are seen as 'able-bodied' have not been able to achieve as much as I have. But the frustrating part of the situation is that the so-called 'able-bodied', who are yet to achieve what I have still see me as someone with a disability. Can you imagine that?Even at this level of achievement, people still think because I am blind, I cannot function in my expected domestic roles? As a woman, I am expected to be able to cook, wash, clean the house and do other domestic chores? I have had a situation where a guy wanted to propose marriage to me but because he imaginedI won't be able to do all the necessary things expected of every regular woman or wife, he aborted the plans. But later, he visited me at my space and found me doing all these domestic chores normally and without hitches. He was so amazed and could not hold it to himself. He went on his knees and pleaded with me. He said that he had wanted to propose to me but aborted the thought because he felt that I would not be able to perform the expected domestic chores as a wife and, at that time, he could not afford getting a house help for me. Imagine that! He did not bother to ask me or try to observe if I could do those things, he just concluded and acted on that. So many of these acts make it tough for us; people construct us as not been able to do anything and automatically put us in disadvantaged positions without allowing us to prove what we can do and cannot do. However, they don't hesitate to ask us for sex at any little chance or sexually harass us *(CS/WWD/SINGLE/CEO/36Years/2018)*

In another KII session, a legal advocate states:

> There are so many constructed myths about disabilities that Nigerians regard as facts and these make WWDs to be treated badly. Some of the myths about WWDs are: WWDs are asexual, should be pitied and given charity, cannot get married nor be mothers, cannot be employed, and should not be physically contacted because disability is contagious. These are beliefs that need to be eradicated as WWDs are found to be worthwhile and fit to take up any form of responsibilities (*KII/Legal Advocate/45Years/2018*)

The comments of these participants foreground the fact that the WWDs in Nigeria believe they are women with agency and humanity. Just like every other person in the society, they possess the capacity to act independently and make free choices irrespective of any health/medical challenges they have. They were given birth to as females with individual agency and socialised into some roles as potential wives, mothers, entrepreneurs, employees, professionals and others. At the point of their birth, it was always announced by the parents or family of the baby that '*ati bi'mo o. Abi omo'birin*' (we had given birth and it is a girl child we birthed). It was never announced to friends and relatives that 'they gave birth to a child with disability'. Therefore, the WWDs are concerned about how society treats them; they want their humanity and agency to be respected and not the disability/impairment they live with. However, it was observed that the WWDs' agencies have been affected by their experiences, the cultural contexts within which they exist and the social cognition that the culture perpetuates. Also, the social class the WWDs are born into affects their agencies and often leads to conflict between parties such as the WWDs and their partners, and the WWDs and their family members.

These different constructs show that the controversies surrounding the construction, conceptualisation and operationalisation of disability remain a continuous discourse. While some of the descriptions of disability are in line with the CRPD and WHO descriptions of disability, some are contrary to them. The description of disability given by the latter participants who described disability as embodying the views of community members of the WWDs impairment which create the erection of some structural barriers goes in line with the postulations of the Critical Disability Theory (CDT). The CDT proponents described disability more from a social perspective. The

theory describes disability as a concept that is socially constructed and not a physical characteristic of the person who has it, which is created by the social environment the WWDs lives in (Coker and Shakespeare, 2002, Hosking, 2008; Mitra, 2011; Haruna, 2017).

Expatiating this further, the social model of disability originated from the human rights approach which perceives the constraints and limitations of the WWDs as ensuing from the barriers erected by the society. Though it is a fact that the physically limiting effects of the impairments cannot be overlooked or disregarded, but the social barriers unnecessarily amplify these impairments. The social barriers include the prevailing negative attitudes and preconceptions of impairments, underestimation of the WWDs, unbalanced and ineffective disability policies, unwholesome governmental practices and procedures, underdeveloped health system, ineffective welfare and education systems, inaccessible infrastructures and transportation system and extensive poverty (Innocent, 2007; Hosking, 2008). These barriers created by the society have largely shown that disability is not just a medical tragedy rather, a form of social oppression and exclusion of the affected populations like the WWDs (Shakespeare, 2006). In essence, constructing disability invariably goes beyond the medical model but requires a synthesis of both the medical and the social models. This has been referred to as the "biopsychosocial" model of disability (WHO, 2002; Hosking, 2008).

More so, Heijden, Abrahams and Harries (2016) supported the social model's position that defining disability has gone beyond just impairment. It is the combination of impairment and, how the social and physical environment isolates, confines and prevents people from full participation in the everyday socio-political, socio-cultural and socio-economic life. They claim that describing disability has gone beyond relying on only bio-medical or social factors. Rather, it has intersected with human rights issue. Therefore, the impairments' interaction with different social barriers would always hinder the WWDs from full and effective participation, on an equal basis with others, in the society.

In another variance, Hague, Thiara and Mullender (2011) assert that the use of 'with disabilities', is unfitting because it sounds more medical but opined that 'disabled people' should be used to qualify the social category. Disability experts and

professionals do not use 'disability' in the United Kingdom because of its implications for the social construction of the PWDs. They see 'disability' as encoding some social disadvantages to the PWDs since it subjects the PWDs to some wider social impediments. Therefore, they prefer the term, 'people living with impairment', to 'people living with disability'. To them, 'people living with impairment' signifies that the affected person has a bodily health or medical challenge that disables the person from functioning well as others. The society or social environment is the barrier for the functioning of the PWD. However, in some other countries' like Australia, New Zealand and Nigeria, the PWDs prefer to be referred to as 'people (living) with disabilities' when addressed by their partners and the society. This is evidenced in the narrative of a WWD with developmental disability during an IDI session. She says:

> To the best of my knowledge, I think I can speak for my community of PWDs. We prefer more to be referred to as person, people, men, women or children with disabilities or living with disabilities. We prefer our person should come before our impairments/disabilities; we prefer such labels as a woman with a visual disability and a child with hearing disability because it shows our humanity before any kind of disability we have. We were not disabled before we being human; we were human before we became disabled*(IDI/WWD/35Years/2018)*

Aligning with the above position, a representative of LASODA who also lives with a disability and is on a wheelchair asserts thus:

> Just as it is stated in the Lagos State Special Law for PWDs, we prefer to be referred to as the person we are before the disability we have. For example, describe us as *"eni/obirin ti oju n'dun"* (person/woman with a visual disability), *"eni/obirin ti eti n'dun"* (person/woman with hearing disability) and so on. We do not want to be described as or called names like *"afoju/obirin afoju"* (blind person/woman), *"aditi or obirin odi"* (deaf person/woman) etc. *(KII/Director/LASODA/55Years/2018)*

The assertions above show that the WWDs in Nigeria appreciates being addressed as persons living with disabilities rather as persons living with impairments. They highlight the fact that their impairments do not limit the fulfilment of their full functional roles and opportunities but the barriers created by the social environment is what is disabling them. Therefore, many of the WWDs agree further that, whenever

they want to be addressed by all and sundry, they prefer to be referred to first as a person than as a person with impairments. For example, they prefer being referred to as "*obirin ti oju n'dun*" (a woman who has visual disability)and not *"afoju eniyan/obirin"* (a visually impaired person/woman); *"obirin alailera opolo"* (a woman who has mental health disability) and not *"were obirin/alarun opolo obirin"* (a mentally challenged woman).

From the foregoing,debates on different views of disability models and constructs have been presented. Having understood these different claims and views, the social model of disability shows that disability should be seen as a social phenomenon. Therefore, the limitations imposed on the PWDs limit their activities and such should be removed through social change. Also, it is noted that this same social analysis poses further, problems for definite construction of disability because of other social factors such as the cultural and religious underpinnings that determine the description of disability (Priestly, 2006; Afolayan, 2015). One of the consequences of this is not seeing the PWDs as heterogeneous (Albrecht, 2017). The social realities of disability have produced a "community of those who have disabilities" that both results from the prevailing cultural stereotypes and the social exclusion of populations who have disabilities in Nigeria's social and cultural discourses. However, the culturally diverse nature of Nigeria and the copious stereotypes therein makes the construction of disability in Nigeria quite inconsistent (Uwakwe and Modebe, 2007; Afolayan, 2015). The inconsistencies also affect the accurate documentation of the national prevalence rate of disability.

Table 4.2. was adapted from Haegle and Hodge (2006) to show a summary of the conceptualisations of disability and allied matters in both the medical and social models. The table shows the summary of how disability, access to treatment, target of intervention and general perception are described from both the medical and social models. The table further shows the actors involved in the discourse of disability from both models.

Table 4.2: Conceptualisation and Operationalisation of Disability from the Medical and Social Models

S/N	Topic	Medical Model	Social Model
1.	Constructing disability	An individual or medical phenomenon that was described as a result of impairments in body functions or body structures; a deficiency or abnormality.	A social construct that is imposed on impairments by society, structural differences and social environments.
2.	Access to treatments or services	It is done through referral by medical diagnosis.	It is done through self-referral and it is experience-driven.
3.	Targets for intervention	"Fixing" the disability to the greatest extent possible	Social or political change in an effort to decrease environmental barriers and increase orientation and level of understanding
4.	Outcome of intervention	Normalisation of bodily functions	Self-advocacy, changes in environmental structure, bridging the structural differences, understanding and participating in social inclusion
5.	Agents of remedy	All medical professionals at the different levels of medical intervention	This can be individuals, advocates, policy lobbyists and organisations that could positively affect the interactions between the individuals and the society.
6.	Effects on non-PWDs	Society remains the same.	Society evolves to be more inclusive.
7.	Conceptions of disability by PWDs	The individual is faulty and seen as not functional.	The individual is unique and can perform like the non-PWDs if equipped with the necessary facilities.
8.	Cognitive authority	Scientists, doctors, health workers and any other health professionals	Academics, social workers, advocates living with and without disabilities, professionals/experts in disability studies, state actors and non-state actors
9.	Perception of disability	Living with a disability is negative.	Living with a disability is neither positive nor negative. It depends on the context and who is involved.

4.3.2. Types/categorisations of disability

Disability is a unified concept which convenes other variances such as impairment, activity and participation limitations. It is a consequence of the interaction between impairment and negative societal impacts. Disability may be categorised into physical, cognitive/psychological/emotional, sensory and developmental or some combination of these. These different categories of disability may had occurred from birth or during a person's lifetime (Haruna, 2017). Therefore, it is a certainty that, at some points in life, many people are likely to experience one of these forms of disabilities (WHO, 2012). As gathered from the literature, disability is can be sub-classified into physical disability, sensory disability, visual disability, intellectual/developmental disability, psychological disability, olfactory and gustatory disability. Furthermore, the olfactory type of disability was broken down into anomia (smell inability), dysomia (aroma smelling inappropriately), hyperosmia (acute abnormal smell sense), hyposmia (reduced smell ability), olfactory reference syndrome (imagined or assumed body odour smell) and parosamia (excess smell sense) (McLaughlin and Margolskee, 1994).

However, it was gathered in this study that, in Lagos State, the classification of disability is not explicit as mentioned by McLaughlin and Margolskee, (1994), the conception is similar to others from some other locales. Some DPOs categorise disability into five types and some put them into six classes. But LASODA offers two broad categories of disability. It was asserted by some of the participants that there are different categorisations of the PWDs and they emanate from the differing and peculiar social contexts within which the PWDs perceive disability. But in the Nigerian context, JONAPWD, which is an umbrella body of the PWDs in Nigeria, categorised disabilities into six major types which are hearing impairment; visual impairment; spinal cord injury; people living with leprosy; physical disability and intellectual disability.

From another perspective, another participant who is a WWD affiliated to a DPO that is focused on the victimisation of WWDs gave a slightly different categorisation of disability. She asserted that disability is of five different types and all the PWDs are

clustered into these five major categories of disability: the blind cluster; the physical impairment cluster; the spinal cord disability cluster; the intellectual disability cluster (this encompasses the cognitive and learning disability clusters) and the hearing disability cluster. To this participants, they do not recognise leprosy explicitly as a disability that is to be clustered separately. Rather it is already classified as one of the subcategories of physical disability. However, this does not align with the JONAPWD's categorisation of disability and this is because leprosy is seen within the cultural framework as a special disability. It was explained further that, in the Yoruba people's culture, people living with leprosy are not viewed positively because leprosy is regarded as an extreme disease which tarnishes the spiritual statuses of those living with it. Therefore, the Yoruba people have learnt to avoid things that tarnish their reputation in society. By so doing, any person living with leprosy is banished from the entire community to live in isolation in the forest. The banishment of a person living with leprosy is seen as another form of victimisation which JOANPWD and some other NGOs are working on. They seek to change the cultural perception and stigmatisation. It is in place of this that JONAPWD categorises leprosy differently as a major form of disability rather than making it a subcategory of physical disability because it goes beyond just a mere physical disability. In the words of a visually disabled female participant representing JONAPWD in a KII session:

> There are different categorisations of PWD in the world. But in Nigeria, we have six major categories of disability which are: hearing impaired, sight impaired, spinal cord injury, physical disability, intellectual disability and people living with leprosy. These are the six major disability clusters recognised in Nigeria under the umbrella of JONAPWD*(KII/Female/DPO/52 Years/2018)*

Another WWD who lives with kyphosis gave another form of categorisation which goes thus:

> There are different forms of classifications of the PWDs. But according to the LASODA's breakdown that I know, the PWDs are classified into five major clusters which are the blind cluster, the physical impairment cluster, the spinal cord disability cluster, the intellectual disability cluster (cognitive or learning disabilities), and the hearing disability cluster. Hence, women are not classified differently*(IDI/WWD/37 Years/2018)*

While in another context, the LASODA explains their categorisations of disability which depends on the certification they give to the PWDs whenever they start to live with a disability. As a part of the constitutional role that the LASODA is saddled with, they issue certificates of disability- which can either be temporary or permanent to the confirmed PWDs after the necessary diagnosis or investigation (for those disabilities that are not physically seen) to have become disabled. Lagos State Office of Disability Affairs classifies disability into two types: temporary disability and permanent disability. A disability is said to be temporary when the disability is not a life-long one. Temporary disability occurs when one becomes bodily disabled for some time; such a bodily injury heals later. Some examples of temporary disability are eye surgery, haemorrhoid, wound or injury caused by non-fatal accident among others. These kinds of health cases could make one living with it not to function as expected within a particular point in time as the person is waiting for their healing. During the healing period, those affected are said to be temporarily disabled and given temporary certificate of disability. This certificate enables the PWD to have access to all kinds of amenities provided for the PWDs within the time frame of their healing.

The temporary certificate can be withdrawn on two grounds. Firstly, when the person with a temporary disability gets healed, the certificate is submitted to the agency or withdrawn by the agency as the case maybe. Secondly, the temporary certificate will be withdrawn by the agency to be replaced when it is established that the disability would be a lifelong one. Hence, the person is seen as having permanent disability. Permanent disability is said to occur when the part of the body that get injured or malfunction could not go back to its original position after a significant period of treatment; one with a permanent disability is not able to use the affected part of the body for necessary functions. Permanent disability is a type of disability that is not curable. In such cases, any temporary certificates of disability (if it had been previously issued) would be withdrawn and replaced with permanent certificates of disability.

Moreover, some disabilities become permanent immediately they occur. Some examples are cerebral palsy, dwarfism, albinism and other intellectual and developmental disabilities). When such happens, there is the tendency that some body parts or the affected parts of the body would be amputated or managed by the person

forever. In this case, the person becomes permanently disabled and such a person would be immediately issued a permanent certificate of disability by LASODA. In summary, LASODA does not have any specific typology or categorisation of disability. They postulate that any illness or ailment in any part of the body that makes one unable to be fully functional at any point in time is disability and, this can either be temporary or permanent. These categorisations cut across any form of disability one has though all disabilities are not of same level; some are more grievous than the others. But everyone is liable to have a disability at some points in their lives. One of the representatives of the LASODA interviewed during the KII session has this to say:

> Disability is broadly classified into two sub-branches: temporary disability and permanent disability. Temporary disability is when one has a problem with any part of one's body and has had a surgery or any kind of medical treatment which heals over time. The person would be given a temporary certificate of disability for that healing period. But after a long time frame, if the problem persists and the person is denied the use of any of their body parts or such parts are amputated, it becomes a permanent disability. At this point, the temporary certificate would be withdrawn from the person in exchange for a permanent certificate of disability (if the person had had a temporary one) or be given a permanent certificate immediately (if a temporary one was not issued in the first instance)
> (KII/ Director/LASODA/Male/55 Years/2018)

In another KII session, a representative of a DPO says:

> Disability is a condition or illness that could be classified into four categories: the permanent, the temporary, the intermittent or the imputed. Any of these could be a physical, sensory, psychosocial, neurological, medical or intellectual disability. *(KII/DPO/45 Years/2018)*

From the above classifications, it could be said that disability is of two main forms: temporary and permanent disability. They are further divisible into:

Physical disability: This includes physical handicaps, kyphosis (having hunchback) or having a spinal cord injury.

Sensory disability may be visual, auditory and speech impairments.

Developmental disability encompasses dwarfism/person with short stature, and albinism.

Intellectual disabilities include cerebral palsy, autism, Down syndrome among others.

4.3.3. Socio-cultural construction of disability

Disability is perceived differently across the globe because of social, economic and cultural disparities. These different perceptions have led to the different constructions of disability (Albrecht, Seelman and Bury, 2001; Shakespeare and Watson, 2002; Nixon, 2009; Heijden, Abrahams and Harries, 2016) and the socio-cultural construction of disability in various contexts has been examined. Therefore, the socio-cultural construction of disability, even with its multiple interpretations and contestations, is critical to any analysis of the nature, prevalence, dimensions and effects of the victimisation of the WWDs.

Every society has its cultural proclivities which are expressed through its beliefs (religious or otherwise), morals, values, customs, language and social norms. These cultural dispositions determine the social construction of disability (Afolayan, 2015). Societies are seen as responsible in several ways for the creation, maintenance and intensification of disability and the translation of these into experiences of disability. In Lagos State and many other parts of Nigeria, there is a general belief that Nigerians are much tied to their cultural components such as values, traditions, symbols, beliefs among others. These components determine how Nigerians viewed disability. Many of the participants interviewed in this study assert that there are several social constructs of disability among the Yoruba people. In the Nigeria cultural context, more specifically, the Yoruba cultural milieu, disability is believed to be caused by either an attack from the *'Orisas'* (deities) as a result of some misdeeds by the parents of the WWDs or the WWDs themselves involving in some forbidden acts. The Yoruba culture does not perceive disability from a scientific viewpoint. In the cultural parlance, disability does not result from accident, disease, reckless social lifestyle or some congenital conditions. Rather, it is believed that disabilities are manifestations of spiritual attacks from the gods/deities. These are myths that are contradicted by many

participants in this study. However, these views about the origin of disabilities have significantly determined how disability and those who have it are constructed, addressed and treated in Lagos State. In a KII session, a Director of a DPO states:

> Culture is not an individual thing but it is a societal thing because it is a way the society has perceived phenomena, design the societies' social structure, interpret and give meanings to the social conditions of the WWDs. It is transferred from one person to the other. The Nigerian culture had created the notion that disability is caused by the deities as a punishment for doing something forbidden. This is not true and it is out of ignorance. Disability is caused by some kinds of malformation from birth, health challenges or a lack of the necessary social structure as the case may be. Therefore, this cultural orientation has to change and people need to be better oriented*(KII/WWD/Director/40 Years/2018)*

Another participant in an IDI session who is a woman living albinism supports this assertion thus:

> Due to our cultural orientation in Nigeria, there are beliefs by many people without disability that disability is connected to religion and some other moral significance in which people become disabled either as a sanction for wrong deeds or as a consequence for instituting some demonic connections. Some others see the WWDs as indigent and dependent because they cannot make life choices which will make them unable to participate as worthy citizens in their society*(IDI/WWD/Single/30 Years/2018)*

As there is a growing knowledge of the dynamics surrounding cultural orientation and disability, the perceptions of people in a cultural setting about disability can best be interpreted through their languages. This shows that both perceptions and language use function simultaneously. Language use aids the understanding of a particular group of people and their cultural dispositions (Eskay, Onu, Igbo, Obiyo and Ugwuanyi, 2012). However, language is not just an instrument to voice ideas; it is also used in shaping ideas by guiding the experiences of those who use it (Wright,

1960); it is the bedrock of every culture. The importance of culture cannot be overemphasised as it has an overwhelming influence on every actor in society and plays a significant role in disability social construction.

Though culture differs across the globe, culture determines a people's orientation to the disability discourse. This has led to different perceptions of disability in different cultural contexts. Moreover, the socio-cultural settings in which the WWDs found themselves influence the characterisation of their disabilities. These differences emphasize how the WWDs are perceived, constructed and treated globally. Also, the cultural contexts have informed the labelling of the WWDs which further imposes severe limits on them (Afolayan, 2015; Haruna, 2017). These limitations are social, political and economic in nature. Consequently, the WWDs are secluded from the culture they belong to and the other structures of the society. For example, in Lagos State, as observed in this study, there are several negative constructions of the WWDs which emanated from the historical and cultural beliefs of Nigerians. The WWDs are constructed to be demonic/evil, asexual, incompetent, helpless and dumb because disability is referred to as consequences of bad deeds. A representative of a DPO gives a pathetic narrative of her experience of how a man perceived a pregnant woman with albinism and almost totally visually disabled as asexual:

> There was an occurrence where a man was called upon to assist a pregnant woman with albinism and almost totally visually impaired. Surprisingly, this man was alarmed when he found out that the woman was pregnant. He unconsciously shouted, "God will punish the man that impregnated you". Can you imagine that? That means because the woman is with albinism, he is insinuating that she can neither get married nor be impregnated. She should be an asexual and shouldn't have any sexual feelings. That is the problem that several negative socio-constructs in our culture have created. It is either the WWDs are seen as evil or charity. Cultural beliefs often make the WWDs the objects of pity, ridicule and victimisation*(KII/WWD/DPO/48Years/2018)*

In the Yoruba cosmology, women with albinism (a form of developmental disability) are, on many occasions, victims of both physical and non-physical victimisations. The forms of victimisation include social ignorance, stigmatisation, discrimination and ritual killings. As gathered during some of the in-depth interviews and a few of the key informant interview sessions, an enormous number of people in Lagos and

Nigeria have little or no knowledge about albinism as a disability. It was observed that the people shield themselves behind the cultural knowledge that has been shared or transferred from generations to generations.

The study gathered that, in the Yoruba cosmological narratives, people with albinism are regarded as a kind of *Orisha* (spirit beings) and are not created by the Supreme God (*Olodumare*). Rather, they are created by the small god called *Obatala* or *Orisa-Nla.* Because of this belief that people with albinism are created by *Obatala*, they are seen as 'incomplete beings' who are not meant to do those things done by 'complete beings' and possess some characteristics that 'complete beings' do not have. It is a belief that people with albinism are not to take salt or they must take an insignificant quantity because it causes skin burn, partial visual impairment in the afternoon and less intelligence. There is also a general belief that people with albinism who were conceived through sexual intercourse done in the afternoon are the best material for money and good luck rituals. In another context, it is believed that, when a pregnant woman walks in the scorching sun, she ends up giving birth to an albino and sexual intercourse during menstruation angers *Obatala* and leads to giving birth to an albino. Consequent upon the deformation of the child by *Obatala,* there is a cultural perception in the Yoruba cosmological space which informs the socio-cultural construction of albinos that Ikuomola and Ogunode (2018) hint at as they refer to women with albinism as the 'harbingers of evil and death'.

The aforementioned is one of the greatest Yoruba myth about albinism and many other disabilities[1] that was contradicted by many participants in the KII sessions in this study. Many of the participants asserted that these myths have greatly exposed some of the women with albinism to being used as ritual materials. For some other women with albinism, the socio-cultural dictates about albinism in the Lagos cultural space have affected their survival as they are being denied of taking salt. The representative of LASODA, just as many others during the KII sessions, states affirmatively that the Yoruba cultural perception that albinism is created or caused by one *Orisha* or the other, as well as many other factors mentioned above, are

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[1]There are other WWDs who have suffered same fate as a result of the Yoruba myths such as those with visual impairment, kyphosis (hunchback), short stature (dwarfism) and physically disabled (those on wheelchairs, crutches, leg braces etc).

erroneous. These perceptions have not been scientifically proven. Yet, they have a high effect on the social construction and treatment of women with albinism. According to the *New Webster Dictionary,* an albino is described as a person with such congenital deficiencies. Albino is a person who have skin pigmentation (which are milky or translucent), hair colouration (which are white or colourless) and visual impairment with the eyes having deep-red pupil and pink or blue iris and are unable to bear sunlight or brightened light.

The participants' stance is supported by the definition as they stated clearly that *'Afin'* (person with albinism) is caused by the lack of melanin right from the mother's womb. Melanin is a pigment that absorbs the Ultra Violet (UV) light that comes with the sun and its heat. Its lack makes the women with albinism to have damaged skin if she is not well protected. Women with albinism lack this knowledge and are exposed to the sun and the heat keeps damaging their skins. The lack of melanin pigment is being caused by the deficiency in either of the parents' genes. Also, they assert further that women with albinism must not take salt because it gives them skin cancer or skin burn. This is another socio-construct in the Yoruba cosmology. The socio-cultural construct that the saying, *'Afin kin je iyo'* (Albinos do not eat salt) encodes is an erroneous construction and this is one of what kills the women with albinism faster coupled with many other forms of victimisations. For any person with albinism, salt is a very important dietary requirement. Any person with a salt deficiency risks iodine and iron deficiencies which could lead to goitre, and hyponatremia (a condition characterised by a low level of sodium in the blood). In some cases, not eating salt may also result in cancer and some other disabilities for those women with albinism. For this, people with albinism are encouraged to have a balanced diet and salt is required for their dieting meals. Therefore, for people and women with albinism to cope with their albinism, they need salt to survive and because of the lack of the melanin pigment, they are to be shielded away from the sun. Been shielded from the sun is what will prevent them from having skin cancer and some other forms of impairments that will make them prone to other kinds of disability and victimisation. According to the director of LASODA who was taken through a KII session, he made the following claims which became like a summary of the comments of many other participants:

In Lagos, before the establishment of the LASODA and the DPOs who started enlightening the populace, there were many cultural beliefs. These beliefs determine how people interpret their social environment, culture and values and these further determine the meanings they give to events. All these have their manifestations which are encoded by language use that express some values and guide their perceptions. Many of these interpretations are based on the belief systems and the mode of worship. Mostly, those who worship *Orisas* interpret and construct every phenomenon based on the *Orisas*. Such an interpretation is given to disability too. Example of this is found in a myth about *Afin* (person with albinism). In the Yoruba cultural context, a child is said to become *Afin* because the mother of the *Afin* had walked in a hot sun (around 12 noon) during her pregnancy and a particular *Orisha- Orisha Obatala-* had entered her womb. Hence, *Afins* are not meant to take salt because of that *Obatala* who turned them Albinos. This is fallacious and erroneous. *Afin* is caused by a lack of melanin from the mother's womb that is to protect the pigment to cope with heat from the sun. *Afins* need salt seriously because salt is full of iron and *Afins* need iron to survive. Since *Afins* lack melanin, they are not just to be exposed to the sun at all. So, the social construction of '*Afin kon'je iyo'* (person with albinism must not take salt) is a big fallacy and it is one of the problems that kill *Afins* easily and make them susceptible to victimisation (*KII/DIRECTOR/LASODA/Male/55 Years/2018*)

A single mother with albinism states thus:

> People with albinism are at the risk of isolation and social stigmatisation because the condition is often misunderstood. The social challenges of albinism may affect women more than the men because of what the Yoruba socio-cultural environment has engendered on gender and spirituality. Also, people think they have the right to make derogatory comments about we, women with albinism*(IDI/WWD/Single Mother/30 Years/2018)*

From the above, it was inferred further that the perception of disability emanates from the way culture custodians and other community stakeholders conceptualise disability. This goes a long way to influence the way the WWDs are framed and how their needs are addressed. Simultaneously, how the other people outside the aforementioned categories (such as community members, relatives, acquaintances and significant others) consider or comprehend disability influences their reactions, relations and

response to WWDs. This can be understood further by referring to Scheer and Groce (1988), and Fowler, (2009), who assert that the use of positive language in culture to describe persons with disabilities integrate them well into the society and if otherwise, the linguistic description ends up isolating them from the society and relegating them to the background. In the Yoruba context of Lagos State, it was gathered that many of the WWDs are called with different names that negatively construct them as being disabled. Such names include *abirun* (handicap)*, ode* (imbecile)*, abuke* (kyphosis)*, aditi* (deaf)*, dindinrin* (mentally retarded)*, afoju* (blind)*, oosa* (deity) among others. These names make many of the WWDs withdraw from the public space as well as maintain social distance from the society. These names deny them appreciable integration into the society they live in because they are always with the feeling that they are different from the others who see themselves as being 'complete'. This was emphasised more by many of the participants. The following assertions was deduced from the different participants and summarised as:

> The beliefs, traditions and religious orientations of the Yoruba people had made people with disabilities to be tagged or labelled with all kinds of derogatory names such as- *abirun* (Incomplete person/disabled)*, oosa* (diety)*, afoju* (blind person)*, aditi* (deaf)*, kurekure* (dwarf)*, aro-kese* (handicap)*, abuke* (kyphosis)*, alabo ara* (incomplete person)*, ode* (idiot)*, dindinrin* (imbecile)*, soodo* (moron)*, oloju-dida* (squint)*, omo aro* (child of handicap)*, iya ode* (mother of an idiot/idiotic lady) and lots more. All these derogatory names have made a lot of WWDs have behavioural barriers brought about by inferiority complex and social aloofness.

The Disability Rights Movement (DRM) posits that the challenges of the WWDs do not start from individuals' impairments. Rather it is how the society is culturally organised and understood disability. As an instance, in the Congo DR, the PWDs are categorised as both human and non-human, where many of those with disabilities belong to the "non-human" category and are conceived as bringers of misfortune to the family and the larger society (Devlieger, 1998). For this, the DRM constructs disability to be socially imposed disadvantages and restrictions on the PWDs and the activities they engage in. The PWDs are being barred and prevented from active participation and equal engagement in the society's mainstream (Philpot and McClaren, 1997; Anthony, 2011). It could be deduced from the social construction of disability that disability is as a result of the structured environment which is

strengthened by the social values and beliefs of the people in a particular society (Bagilhole, 1997; Ogundola, 2013).

To further establish the above, the social model proponents assert that the social construction of disability is caused by attitudes that are discriminatory, socio-cultural perceptions and societal barriers which bring about the oppression of the WWDs. These societal barriers, and not any intrinsic characteristics, prevent those with disability from active and meaningful participation in the society. These barriers can be further broken into physical, social, economic, political or cultural barriers (Oliver and Barnes, 2010; Shakespeare, 2006), and are external to the individuals with disabilities which can be referred to as social facts (Durkheim, 1895). Therefore, in accordance with the postulation of the social model proponents, it is the society that is to be fixed not the person with disabilities (Anthony, 2011). Also, the language element of the Critical Disability Theory (CDT) supports the foregoing discussions.

According to Hosking (2008), language is an element of culture which carries certain ideological implications. He asserts that 'disability' is used in describing the subset of a population. But as with all social categories, the conception of disability is seriously contested. In general terms, any label used to describe what society considers negative would end up having a negative social connotation. This implies that the words and paradigms used to describe the WWDs have some effects on the social attitudes towards them. In time past and at present, through cultural interpretations, WWDs have been portrayed as inferior, pitiable, hapless, wicked, dangerous or valueless. Notwithstanding the innovation of many inoffensive expressions to replace the derogatory ones, the culture and religious sectors of the society still consistently manifests negative attitudes towards the WWDs and this is reflected in the medical model (Hosking, 2008). According to a project manager of a DPO in a KII session:

> Nigerians have gone deep into negative perceptions of disability to the extent that they have manipulated and misinterpreted the religious books to reconstruct disability and justify acts of victimisation and violence against the WWDs. This and other culturally negative perceptions of disability have made the WWDs' victimisation seem a normal act
> *(KII/DPO/Project manager/40 Years/2018)*

Concurrently, identity is a considerable factor in the socio-cultural construct of the WWDs. Scot-Hill (2007) describes identity as the social shaping of anyone and the interpretations of the body in cultural perspectives. Specifically, the identity of a female can be understood through how a woman perceives, feels and defines herself in relation to what the culture defines as womanhood in a given society. In most societies, the WWDs are not conceived as capable and seen as living up to the socially determined gender roles that are foisted on them especially on matters relating to domestic chores, partnering and motherhood (Sheldon, 2006). Therefore, many of these women are abnegated substantial participation in these female roles. However, they are constant targets of sexual victimisation such as rape, incest and other forms of sexual harassment. These women are not spared even though the same men molesting them do usually categorise them as non-attractive sexual partners (Engwall, 2004; Naami, 2009). Sexual violence is often a way to oppress and torment the WWDs. The subjection of the WWDs to sexual and other forms of victimisation has some emotional aftermaths for them (Finger, 2000). In an IDI session with a married woman living with kyphosis , she says:

> Due to the erroneous cultural and traditional beliefs of Nigerians on disability, disability has become a stigma in Nigeria and the society has further enhanced its institutionalisation. Most families who have someone with disabilities, especially the wealthy families, have gone as far as abandoning the family members with disabilities in institutions because of the perceived stigmatisation of the WWDs inside and outside their families*(IDI/WWD/MARRIED/41 Years/2018)*

It can be inferred from the participants' assertions that the Lagos State's social structure is characterised with patriarchal tendencies that perpetuate some dire cultural stereotypes. Even there are gradual changes in these cultural patterns prevalent in the state, it was found in this study that the WWDs are still perceived generally as second class citizens or inferior human beings among the Yoruba people of Lagos State and Nigeria. This is evidenced in the works of the Leeds Inter-Agency Project (LIAP, 2005) cited in Radford, Harne, and Trotter, (2006) where it is stated that the male perpetrators use their biases against the WWDs and their patriarchal beliefs to humiliate their partners or relatives who have disabilities.

These patriarchal beliefs destroy the self-worth of the WWDs. The WWDs are looked down upon and mostly addressed with derogatory expressions. Moreover, this use of uncomplimentary terms is also noted in CDT theory where the proponents asserted that the words and images used to address the WWDs have direct effects on the social attitudes towards the WWDs. It states further that the WWDs are still consistently referred to as pitiable, deficient, wicked, evil, dangerous and valueless beings even by the cultural frameworks that render them powerless, dependent and vulnerable (Hosking, 2008). These perceptions manifest in the forms of non-physical victimisation of the WWDs through marginalisation, social isolation, stigmatisation and discriminations. These forms of non-physical victimisations often lead eventually to physical victimisations and put them at greater risks anywhere they find themselves as there are many other structural barriers. This gets worst for the WWDs because, even in their homes, as seen in the way they relate with the relatives (Heijden, Abrahams and Harries, 2016). The WWDs gets subjected to living with severe psychological problems and inferiority complex.

In conclusion, the findings of this objective can be summarised that the diverse nature in Nigeria culture and stereotypes therein makes disability construction incocnsite3nt in Nigeria. Consequent to these inconsistencies has great effect on the documentation accuracy of prevalence rate of disability in Nigeria. Findings in this study further showed disability is mainly classified into two main forms which are temporary disability and permanent disability. However, these major forms are further divisible into: Physical disability (physical handicaps, kyphosis (having hunchback), developmental (albinism, person with little stature) or having a spinal cord injury; sensory disability (visual, auditory and speech impairments); intellectual disabilities (cerebral palsy, autism, Down syndrome) among others. On the socio-cultural construction and negative labelling of disability, findings show that the cultural relativity of disability had a fundamental influence on how WWDs are treated. They are seen as 'good for nothing' and viewed as helpless, objects of charity, they get exposed to high risks and elevated vulnerabilities. Attitudes towards them have been negative, dismissive and have resulted in various forms of victimisations ranging from both physical and non-physical victimisations. They are discriminated against in all ramifications and this has led to the erection of more environmental and

discriminatory barriers for them which had limits their abilities to participate in various activities in the society.

4.4. Investigates the victimisations encountered by women with disabilities (WWDs)

In this section, victimisation experiences of women with disabilities in Lagos State were investigated. In doing this, the study started with the examination of what victimisation is and how it was perceived by the participants of the study to document their understanding of acts or what constitutes victimisation. This becomes necessary as it was found that many of the participants, especially the WWDs who are not learned or have very little education or because of some other factors could not have a grasp of what they could term victimisation. This objective further unpacked the nature of victimisation encountered by WWDs, the perpetrators and victimisers, attitudes that lead to WWDs' victimisations and the effects of the victimisations on the WWDs.

4.4.1. Victimisation construction

As gathered in this study by some few participants who have the understanding of victimisation, victimisation is described as any harmful act or behaviour perpetrated against a person who has disability as a result of her physical conditions. To some of the participants, the victimisation of the WWDs is situated within the traditional definitions of domestic violence such as withholding of medicine, physical assault, deliberate neglect and making away with their assistive devices. Victimisation is categorised into physical violence and non-physical violence. Physical violence is the intentional use of forcible coercion which is likely to cause death, disability and injury. It encompasses scratches, slaps, bites, pushes, and punches, sexual violence (use of physical force to engage in a sexual act against one's will). While the non-physical violence might not necessarily involved the use of force but could be subtle psychological/emotional abuse (this includes threats, terror, severely/unwarranted rejection, ignore or verbal attack), economic violence (financial fraud, extortion, forceful access to finance, deprivation of employment etc.) and neglect (a situation where the basic necessities of someone such as protection, food, clothing and shelter,

hygiene and medical care are temporarily or permanently intentionally not satisfied) which could also lead to disability, injury and at worst case, death. A married and successful woman on a wheelchair in a case study session states thus:

> Victimisation is made up of behaviour or attitudes that inflict pains on me as an individual, deprives me of my full human rights and dehumanises me. Some examples of such behaviour are- depriving me of employment because of my disability, inflicting pains on me through hitting me, inflicting emotional abuses on me; these are what I regard as victimisation. (CS/Successful WWD/Married/52 Years/2018)

Another participant who is a Divisional Police Officer (DPO) of a police station in a KII session further says that:

> Victimisation is victimisation. There is no need beating about the bush. In simple terms, any act that intimidates and is done without following due process or protocol just because one sees his/herself as more powerful or at an advantage than the other person is simply victimisation *(KII/DPO /Male/55Years/2018)*

A female representative of a DPO categorises the victimisation of the WWDs in Nigeria into four- physical, sexual, psychological and economic violence:

> Physical violence includes slapping, kicking, stabbing, hitting among others;

> Sexual violence entails forced or attempted sex, unwelcome sexual comments or advances directed at a woman, rape, incest, sexual harassment, female genital mutilation, forced abortion and unsolicited exposure to pornography;

> Psychological violence encompasses derogatory name-calling, discrimination, threats, shaming, forced marriage, isolation/seclusion;

> Economic violence includes the deprivation of financial assistance for feeding or purchase of medications, deprivation of employment, excessive use of control over the financial resources among others. *(KII/Female/DPO/40 Years/2008)*

From the foregoing, most of the definitions and categorisations of victimisation given by the participants corroborate what is found in the literature. According to

McFarlane, Hughes, Nosek, Groff, Swedlend and Dolan, (2001); US Department of Justice, (2009), victimisation is the act of suffering from a direct or indirect physical, emotional, and/or financial harms which incapacitate the person. Some forms of it include physical violence, sexual violence, emotional abuse and neglect. In other words, the United Nations General Assembly provides a more contextual definition of gender-based victimisation as any form of violence against women that is on account of their gender. It results to physical, sexual or psychological harms to women including absolute loss of freedom of choice in both public and private lives (UN General Assembly, 2015; Curry, Powers and Oschwald, 2003; Centres for Disease Control and Prevention, 2006).

However, it is worthy of note that most of the participants quoted above are either state actors or non-state actors. There are no conceptualisations of victimisation from the individual WWDs who are at the margin of the society or struggling for survival in Lagos streets when they were asked about acts they classify or describe as victimisation. It seems that many of the WWDs on the street of Lagos lack knowledge and have no access to information on gender-based violence as well as other necessary information on victimisation. It has been foregrounded that the lack of information and knowledge hampers daily survival. Knowledge is known to give power to one's decision-making. However, the lack of the necessary information and knowledge on victimisation by the WWDs has deprived many of them of the capacity to make decisions and define victimisation. They have normalised victimisation acts; hence, they do not report them to the authorities. It was further observed that most of the WWDs, mainly those found on the streets of Lagos State, had grown up living their lives with these 'normal' acts and various negative attitudes against them that they can no longer recognise those acts as victimisation. This shows that information is power and the lack of knowledge on protection against victimisation has exposed many of the WWDs to grievous victimisation experiences which are detrimental to their lives. A single woman living with an amputated leg and had only primary education interviewed on the street said:

> Victimisation? *Itummo?* (meaning?). I don't see anything as victimisation. We leave our lives on the street every day as they come by. Human beings are human beings. Are women not having disabilities not humiliated in all forms? Even those that are highly

profiled are abused too. Why should I now see mine as special or say that because I am living with disabilities. There is nothing like victimisation *jare*. Human behaviour is human behaviour irrespective of their status. *(IDI/WWD/On Street/2018)*

In another IDI session with a WWD from one of the DPOs who is a handicap through stroke, said:

> Before I got to know about LASODA and DPOs who now enlightened me and exposed me to so many things about myself, I do not see anything as victimisation. I take everything as normal human nature and not because it happened to me because I am living with disabilities. Same I know it is for many WWDs out there. They don't have access to the necessary information on gender-based violence and the other forms of violence which make them not to consider many forms of abuse to be victimisation. This, unfortunately, had sent many WWDs to their early grave. *(IDI/WWD/Married/42 Years/2018)*

It is evident, from the few available studies on the victimisation experience of the WWDs, that they experience high incidences of physical, mental, sexual and emotional victimisation (Walji, 2013). Despite the fact that women in Nigeria have customary roles to play in the society and their various homes, most WWDs are generally seen as incapable of satisfying the conventional customary role expectations. They possibly do not get married easily when compared to other women who has no disabilities. They experience a high rate of separation, divorce, abandonment and neglect as they often raise children all alone (Naami, Hayashi and Liese, 2012; Kassah, Kassah and Agbota, 2014). Lack of education and/or other proper trainings oftentimes debar the WWDs from participating in the socio-cultural, socio-economic and socio-political activities while the few that have the opportunity to be engaged are poorly remunerated and catered for. When the WWDs are compared to their male counterparts who also have disabilities in Nigeria, they are often poorer. A certain number of them resort to begging on the streets or being over dependent on people who eventually take advantage of them continuously (Kassah, 2006; 2008).

More so, when victimisation against the WWDs is committed in an institution where these women are to be cared for, victimisation tends to be 'invisible' as behaviour and practices that violate the rights of the WWDs are tolerated and seen as normal

(Frohmader and Meekosha, (2012); Calvalho-Pintoand Faria, 2016). It is quite inauspicious that all the aforementioned categories or descriptions of victimisations are known to only a few of the WWDs and these are those who are privileged to have formal education or access to information on victimisation through their active engagements in the DPOs. Many of the WWDs interviewed on the street of Lagos State and some who are not acquainted with their DPOs lack the knowledge of victimisation as well as access to information about them.

4.4.2. Nature of victimisation against Women with Disabilities (WWDs)

The current information/knowledge of the victimisation experiences of the WWDs' is little and based on a small number of studies that are done empirically. As observed in many studies, the victimisation experiences of the PWDs are presented in a generalised manner and the nature and peculiarity of the WWDs are not accounted for. In some of the few empirical studies (Hague and Mullender, 2005; Dorian, 2001; Nosek, Howland and Hughes, 2001; Reed, 2004; Garland-Thompson, 2005; Calvalho-Pinto and Faria, 2016), it is gathered that the rates of victimisation (sexual assault, robbery, physical and non-physical assaults and insults) were two times higher for the WWDs than for the women without disabilities globally. These studies, with other few ones carried out in Nigeria (Afolayan, 2015; Etieyibo and Omiegbe, 2016), provide important insights on the prevalence of the victimisation of the WWDs which some government agencies and DPOs in Nigeria had drawn from. These studies have shown, to some extent, that the victimisation experiences of the WWDs constitute a general phenomenon that needs prompt attention. Despite these, knowledge about the nature of victimisation that the WWDs experience remains fairly scarce in Nigeria.

As inferred from the WWDs, all the WWDs have experienced one form of victimisation or the other in their lifetime as they remain a vulnerable group because of the socio-cultural construct of gender and disability. However, given the particular conditions of the WWDs, the types of victimisation they experience are more complex and multiple in form as they cut across a range of settings. It was, however, discovered that efforts had been made by some government agencies, DPOs and NGOs to explore the barriers and seek assistance for the WWDs who had experienced victimisation. Hence, there is the development of some training and policy materials by the Lagos State government in collaboration with the DPOs in Lagos State.

Nonetheless, these are yet to manifest positively in the lives of the WWDs in Lagos State because these materials and training are hardly accessible to the WWDs that needed them most. This shows that the victimisation experiences of the WWDs still constitute an important social problem as they remain exposed to multiple victimisations in the absence of any structural protection for them. Yet, it is an often overlooked aspect of gender-based violence in Lagos State and Nigeria.

The nature of victimisation experienced by the WWDs may be understood differently if one takes the perspective of perpetrators who victimised them. Their perception of their victimisation experiences and how the perpetrators perceive them are different. The WWDs experience situations that are harsher because of their gender, disability, the prevailing physical environment and cultural beliefs and practices that determined their identity. This dimension is complex and viewed by WWDs as more permeate and wide ranging than just an abuse, violence and marginalization. To the WWDs interviewed for this study, the act of victimisation is all-encompassing and can be categorized into two- physical victimisation (kicking, beating, hitting etc.) and non-physical victimisation (stigmatisation, neglect, discrimination, isolation etc.). While the perpetrators and their acts of victimisation are many, there is often the conceptual limitation of victimisation to 'physical abuse/violence' which has which had prompted some dissatisfactions and debates (U.S Development of Justice, 2004). The works of Lovett, Uzelac, Hovarth and Kelly (2007); Nixon (2009) and; Thiara and Gill (2010) indirect affirms this when they assert that there has been a definitional shift for victimisation so that the word now encompasses all forms of negative acts against the wellbeing of the WWDs; they also recognise the links between the different forms of victimisation targeted at women. Detecting instances of victimisation seems complex for the WWDs as indicated in the comments of a WWD found on the street of Lagos as a petty trader using a wheelchair during an IDI session:

> To me, I see what the other WWDs see as victimisation as nothing. Human nature is complex on its own. My problem that hurts me the most is working and striving hard as every other people do, yet people who claim to be able-bodied sees me as objects of charity and instead of working with me as a woman who is doing her work diligently with empathy, they work with me with pity. This is what I find wrong and painful, and everyone in society does that with no exceptions. *(IDI/WWD/Married/43 Years/2018)*

The victimisations experienced by the WWDs start from the attitudes of many people in the society towards them. Family members, partners, health workers, caregivers, acquaintances and significant others display negative attitudes towards them. These attitudes are deeply rooted in the Nigerian cultural system which characterises women as lesser beings. These negative attitudinal dispositions towards the WWDs get worse; they are seen as lesser and unworthy beings and are thereby exposed to more grievous and extensive victimisations. As evidenced in this study, the prevalence and nature of the victimisations experienced by the WWDs intersect with their disability and gender which makes it double jeopardy for them. Over half of the WWDs interviewed reported having experienced continuous physical violence, psychological violence, sexual violence, economic (financial) abuse, social abuse, controlling/coerced/forced behaviour, neglect (physical neglect, passive deprivation, wilful deprivation and emotional neglect), stigmatisation and discrimination at different stages of their lives. The rate of victimisation for the WWDs is much higher when compared with men who has disabilities and women who does not have any form of disability with disabilities; and their social condition and gender account for this. The WWDs experience the different forms of victimisation from different perpetrators (usually starting with members of their households), at different places and at varying times.

The family is the first social institution meant to perform some basic roles for the survival and general growth of its members. The family's first major role is to procreate. Simultaneously, the family is also to perform the roles of socialisation and internalisation of its members. It provides resources for its members, nurtures and supports them (through the assigned affective/emotional roles), enhances its members' life skills development and maintains the internal family relations through social engagements. While a few of the WWDs interviewed in this study reported been lucky to have families who played these roles to support their growth and integration into the larger society, a great number of the WWDs reported that they experience exclusion, isolation and victimisation in their own families.

Having their hurdles and challenges too, the few WWDs who have family support reported that they are well catered for, showed love and affection, socialised on life's issues such as sex and reproductive education, sexual protection, maintaining good human relations and skills development in different forms. These have helped them to

attain some of their targeted goals in life such as becoming graduates, acquiring professional skills and working as advocates. Though they still meet challenges despite these achievements, they survive with support from their families. In the words of a visually disabled successful woman with disability in a case study session:

> Victimisation of the WWDs starts from the family many times before care givers, teachers/tutors in school, people in the community, church members, co-workers and many others join the list of abusers too. Though some of us are lucky to have supportive families and people around us who understood our plights and predicaments, but we are very few. …I remember when I was in secondary school, at age 12, one of my teachers would call me to a secluded area of the school and tell me to kiss him as he would simultaneously be trying to use his manhood to rub my buttocks. Thank God for a good socialisation process and my knowledge of sex from home. I always escape before I had to later make a report after his unsuccessful third attempt. *(CS/WWD/Single/35Years/2018)*

For many other WWDs, getting or having family supports is an unattainable illusion as they do not get any support from their families. Instead, all they get is hatred and harassments of all forms. The genesis of the WWDs' victimisation experiences starts mostly from their immediate homes, that is, their families. These victimisation experiences start right from their biological parents, their siblings and relatives before it extends to others outside their homes. Many of them do not feel loved. They are always kept in isolation and are never included in family matters let alone assisting them to get some developmental skills. They are mostly not properly socialised and they are outright stigmatised and marginalised. It is the lack of these factors and the proper protection from their families that expose them more to the forms of victimisation they experience outside their immediate homes from health workers, caregivers, neighbours, religious groups, colleagues and prospective marriage partners.

Many of the WWDs are called abusive names, described with offensive and distasteful labels and subjected to copious forms of physical maltreatments from their immediate family. A reasonable number of the WWDs are dependent on these family members who are the victimisers for care and survival because their disabilities already limit their economic opportunities and increase their dependence on their

family members. This nature of victimisation keeps occurring as a result of how the family members of the WWDs perceived them as burdens. Their family members often dismiss them as passive, helpless and useless elements. Unfortunately, these perceptions, coupled with the general and negative social construction of disability have led to several 'misdiagnoses' by many people in the society when the WWDs report some psychological trauma caused by the victimisation they experience from their families.

Expert/cognitive authorities like the healthcare professionals or agencies that are to protect and care for the WWDs often misdiagnose and misinterpret their cries for help from the family victimisers. It was reported that many of the experts interpret the reported signs of domestic abuse from the WWDs as markers of anxiety or being irrationally proactive; they are not sensitive to these signs of abuse, as reported by the WWDs, as they are not well trained on cases of domestic violence. Also, even when the authorities have established cases of victimisation against the WWDs, as committed by their family members, such families restrict the authorities' access to the WWDs so that making follow-ups become herculean. The victimisers isolate them completely by denying them access to phones or other means of communication and barring them from leaving the house. All these instances of victimisation affect the WWDs and have negative effects on their livelihood and existence. As some of the WWDs reported, they experience serious psychological trauma and dire physical health challenges. While some did not even categorise those acts specifically as victimisation acts, they report a high level of frustrations which led to their running away from their homes or families to find succour on the streets of Lagos. They explained that they prefer to live on the streets where they have less expectation of being loved and cared for but are getting supports for their survival. This category of WWDs who decided to live on the streets mostly turn beggars while some become petty traders or jobbers and do not care about the abuses or negative attitudes those on the streets throw at them as long as they are surviving. Either these women are surviving through begging or other means, they are consoled by the fact of not having to rely on their family members. Unlike family members who make life miserable for them, this category of WWDs perceived that they have no familial obligations towards strangers despite relying on these strangers for their day to day survival. A WWD visually disabled and found in the parkof Lagos during the IDI session states:

To be sincere with you, it was out of thwartingI moved to the streets begging to survive. People call me all sorts of abusive names with ridiculous descriptions on the streets. I care no more because *oti di baraku* (I had got used to it). I have always been victimised since I had an accident and lost my sights. I keep being victimised everywhere I turn to find succour. It started right with my parents who started seeing me as a burden to them. Later, my siblings my caregivers and other relatives took the same path as my parents. Even health workers in the hospitals I went for check-ups mostly when I don't have sufficient money for my medications and bills abuse me. Since I got all these from these categories of people, why should I now complain or get bothered when I get the same reactions from an outsider or a stranger on the street. *(IDI/WWD/On Street/38 Years/2018)*

In one of the KII sessions with a representative of a DPO, she said:

From the several reports we gathered from the WWDs who are our members, victimisation of the WWDs start mostly from the home. Even right from their homes, their parents, siblings and relatives abuse them before the outsiders such as community members, health workers, institutions and caregivers do. To me this could be more frustrating and tormenting than the victimisations experienced from non-family members. *(KII/Female/DPO/50 Years/2018)*

In another KII session, another DPO representative says:

There was a case of a WWD I handled. She was in a wheelchair. She had no parents but lives with her siblings and uncle. Her uncle was a drunk, and whenever he got drunk, he always misbehaves and beat every of his younger ones for no reason. So, whenever he got home, everybody ran into hiding until he went to sleep. But because of her being on a wheelchair, she was always unable to escape and she bore the beatings which eventually added to her disability as she no longer hears very well again. Her eardrum was partially damaged as a result of the frequent slaps from her uncle. *(KII/Project Manager/DPO/42 Years/2018)*

Another woman with physical disability found in a DPO asserts in an IDI session:

Victimisation experiences from many of our homes are not palatable and dignifying. Our family members treat us so bad many times as if we caused our disability intentionally. Even when we are abused and violated by caregivers, health workers or anyone outside the home, we cannot go to our homes to make reports, find support against rights' violation or find succour. Many times, we are always on our own. All these become unbearable for many of us. Frustration made me leave our home to find relative succour elsewhere. Some of us end up living alone in a lonely way, getting attached to a DPO or wandering around as we live on the streets. Though I was fortunate to find a DPO which helped me to get a menial job when I ran away from home, many others do not have such opportunities. *(IDI/WWD/35Years/2018)*

All these go to show how many WWDs find family victimisers worse than perpetrators/victimisers outside the family. They narrated, with grief, how family members that they so much trust victimise them and used that as a ground for not expecting non-victimisation from those with whom they share no familial relations. Situations like this were further reported by a successful WWD who gave some reports during one of the case study sessions. There was the account of a particular WWD. This WWD lives with a physical disability, a visual impairment to be specific. She was in her late 40s at the time of this study. She got visually impaired at age 4 when she had meningitis and was giving a wrong medication by a quack doctor. At the initial stage of her disability, she got some supports from her mother when her father ran away from home and left her and her siblings only for their mother to care for. It got to a stage their mother got fed up and she began being treated as a burden to her mother and her siblings. The maltreatment started when they were unable to cater for her medical care; her condition started deteriorating and they began to isolate her. She passed through many humiliations as she strived hard to get herself educated. She eventually earned herself a degree and established a small business to meet up with her daily needs. The stress was so much for her as she had to do everything by herself.

At a time, their father returned home; she thought she would get some relief but it never came. For about 20 years, she never had any support from her family. Rather, she had relied on outsiders, few friends and the DPOs for assistance. Her hope was dashed when she realised her father came back home without any remorse for

absconding from the home for years. Yet, he came back empty-handed and worsened the case for her all because he had to depend on the rest of the family. He sees her as a pathetic being that neither bring nor add value to the family. The father worsened her situation by always frustrating and nagging her to go get married. Yet, whenever he sees her depressed, instead of encouraging her, he would lock her up in a room because he got angered with what he assumed to be her nagging. Therefore, whenever, she had the opportunity to escape from the isolated room, she would run to friends and not come back for days and they would never search for her because they did not even wish to have her around. They refer to her as '*adojutini'* (someone that puts shame on the family as a whole). Unfortunately, she could not move away from the home because of the fear of the unknown. Rather she spent more time with outsiders than those in her home. If not for staying outside more than coming home, it was almost becoming difficult for her to get married as no man would come into her family house to propose marriage to her. This is a case of victimisation which is complicated by poverty, negligence, unprofessionalism and attitudinal issues from both the family members and the health care practitioner. These are grievous acts that devastated her and almost shattered her dreams before she came in contact with a school mate who introduced her to a DPO that later helped her to rechannel her dreams to achieve her goals. In the words of the successful WWD:

Box 2: Narrative of family victimisation experienced by a woman with physical disability

I was born into a family of three. I had meningitis at from age 4. The wrong medications which a quack doctor applied on me led to my visual impairment. My father was nowhere to be found then. Because of my impairment, the stress was so much for my mother and siblings to cope with. After some years, my father walked in from the blue moon and I thought his presence in the house would change situations and he would even try to get some medical attentions for me. Unfortunately, he made things worse. He complained and nagged about me at every opportunity. I was left with no option than to see how I could fend for myself to survive maybe that would lessen the

complications I got from them. All I required from them then was just an accommodation. I kept striving hard to meet my needs and survival. The sad part was that they do not appreciate any bit of my struggle. At least, I have strived hard to achieve some things in life. I am a graduate; I have a small business that I manage to meet my needs. But just because I am afraid of living alone and loneliness, I have not been able to get myself any accommodation. At 35-year-old then, I could not get someone to marry. My parents knew this and I thought they should understand my plight and see how they could help me overcome the predicament. Alas! What they did was to hurl all sorts of insults at me every day on account of my not being married. It got worst at times that they went as far as locking me up in the room. I could recall there was a time I was locked up in a room for about a year because they did not know what else to do with me as they saw me as constituting a nuisance to them. Imagine this! Is this not irony and a ridiculous situation? Would someone that would marry me come looking for me to woo me in the locked room? These and many others are what we experience from our own immediate family. What we experience from outsiders at times cannot be compared to what we face in our immediate homes. Cases like this led to inferiority complex and lack of confidence for me and many other WWDs. I give glory to God that I was able to sail me through those hurdles alive.(*CS/WWD/HOD/48Years/2018*)

The aforementioned narratives have shown and affirmed that, though there are different perpetrators or victimisers of the WWDs, family members are usually the first set of victimisers of the WWDs. Instead of showing love and affection to the WWDs, properly socialising them and aiding their developmental skills, family members become the starting point of the WWDs' victimisation experiences. These attitudes and experiences transcend the home fronts and permeate the larger society as the WWDs face several forms of hostility in the larger society. The victimisers outside home such as love partners, acquaintances, health workers, caregivers, employers, co-workers, friends, other community members go scot-free because of lack of protection from the family and the inadequate implementation of disability laws in Lagos State.

4.4.3. Perpetrators and victimisers of WWDs

At every level of the disability discourse, the place of the perpetrators cannot be overemphasized. People who perpetrate victimisation against the WWDs vary and, in most times, there is multiple and simultaneous victimisation. Aside from the family members, the WWDs reported victimisation experiences from other perpetrators such as intimate partners, children of the WWDs, paid caregivers/paid primary carers providers, institutions, employers, acquaintances and even some government agencies. This is as a result of their high level of dependency on people for their care and survival. According to Thiara, Hague and Mullender (2011), the level of dependency of WWDs varies but those whose level of dependency is high (such as those with mobility challenges) are more vulnerable to victimisation over a longer period. This has made some victimised WWDs feel that being victimised is normal as they have become serial victims. They are already used to victimisation and can longer recognise acts of victimisation.

As it has been established, though everyone is a potential perpetrator of victimisation against the WWDs, the most prominent victimisers of the WWDs are their intimate partners, children, health workers, teachers/tutors, religious groups and PPPCPs. All of the WWDs interviewed in this study cited instances of physical and the non-physical victimisation that they experience from these categories of people. The instances recounted were being pushed away or being pushed down, being thrown objects at, being gagged, being spat at, got their heads banged against the wall/floor or other objects, strangled, stabbed, stamped, kicked, dragged by one's hair, abandonment, denial of medications, neglect, non-provisioning of needed facilities, segregation and name-calling. Most of these acts of victimisation do have life-threatening effects on the WWDs. The physical victimisations often result in severe physical injuries, permanent deformities, miscarriages, fractures and other forms of severe bodily injuries. The non-violent victimisations include emotional degradation, humiliation, neglect, segregation, right denial, medication restriction, discrimination among others. They emanate from their stigmatisations and the stigmatisation itself results in psychological trauma and depression for the WWDs. A successful woman with visual disability who is a MSc holder during the case study session asserts:

> From my own experience, everybody is a potential victimiser.
> Some are just wicked that they take the opportunity of any slight
> chance to victimise us. Right from my primary school days, I have

had and observed series of victimisation from different perpetrators. Though I don't experience victimisation from my family, I have had series of it from caregivers, teachers/tutors, church members, workmates and so on which have had serious consequences on me as I once had a psychological trauma before I was revived*(CS/WWD/CEO/Single/35Years/2018)*

One notes that the level of dependency of the WWDs serves as a motivating factor which enables their perpetrators to victimise them. One complication for the WWDs is experiencing victimisation from their partners whom they believe they share intimate love and affection with. In addition to the aforementioned victimisation acts that are perpetrated against the WWDs by the outsiders, there are specific situations in which the victimisers are the partners of the WWDs. Situations of such recounted by the WWDs are: denial of access to medications, wheelchair, adapted cars or other mobility aids; deliberate deprivation of sanitary protection; denied access to social network and necessary information among others. These acts are common among women with physical disabilities because of their mobility challenges which hinder their access to the needed facilities or amenities for their daily activities. These acts were reportedly done by the partners as a form of punishment for wrongdoings/mistakes or a kind of retaliation for a report made by the WWD to an 'outsider'.

Many of the married WWDs reported how their partners isolated them from their families and social networks. Their partners do not allow them to go out at will so that they would not have the opportunity to discuss their plights with others outside their marital homes. This is mostly done because their partners want to protect their self-images and keep appearing as 'caring heroes' and a good husband to people outside their homes. Interestingly, the study found that there are partners who switch between positive and negative attitudes; such partners act nicely this minute and, in the next minute, they become violent. One of the WWDs interviewed referred to this attitude as 'killing in kindness'. She stated that her husband is the type that physically victimises her and afterwards goes out to buy her medications and gifts. According to her, she is left with no option than using those gifts to console herself because no one around believes her as they do see her husband coming in with gifts many times. She lamented that no one ever have the idea of what she is passing through because her husband does not inflict any injuries on her. This is common with many other WWDs.

Moreover, whenever they tell people their horrors, they are confronted with disbelief because people see their partners/husbands as 'caring heroes' because there are no traces or proofs of victimisation. This has had devastating effects on their emotions. It does them more harm than good as it increases their dependency on the violent partners. This situation also leaves them with little energy to maintain interactions outside their immediate homes because many of them already lack confidence and have become timid. A married woman with partial blindness and handicap narrates her experience in this regard thus:

> My husband loved doing things for me. He so much cared for me to cover up the violent acts. It took me a long time before I realised the care was a camouflage because I could not get any care from my family before I got married to him. Those acts were so subtle that I only got to know the havoc he had caused me after we had a serious issue and I got access to a DPO that intervened. It was then I realised I had gotten serious injuries in my stomach as a result of frequent booting in the stomach. Can anyone see bruises in the stomach if not through a scan? He would boot me in the stomach severally; after hours, he would go shopping for me, apologise and seem friendly. When I complained of stomach problems, he would get all kinds of drugs but would never take me to the hospital. I never knew all he was doing was what I could refer to as 'killing in kindness'. People never see the killing part because he was perfect to becloud them with the kindness he portrayed to those out there.
> *(IDI/WWD/Married/38Years/2018)*

Financial abuse and forceful control were other common occurrences for few of the WWDs who found themselves in situations where their partners, family members or carers took control of their finances and ancillary benefits. Some of the WWDs are denied access even to their own earned money and this affects them psychologically as the financial strain leads to the denial of access to the necessary medications, sanitary protection, facilities and other welfare for their survival. Radford, Harne and Trotter (2006) describe such acts as non-violence victimisation and it kills the WWDs faster as it leads to a greater psychological trauma and high-level depression. To a large extent, the seclusion, financial abuse and other forms of such victimisation make them soft targets to the partner-victimisers.

These acts of financial abuse, on many occasions, also easily lead to the forceful control and emotional degradation of the WWDs particular those with a physical disability who have mobility challenges. There were further reports on how their partners see themselves as demi-gods who are to be worshipped by their wives who have disabilities. They emotionally torment their wives with disabilities as they continually make them feel they married them or still decides to be with them (for those who get disabled after marriage) out of pity. They remind them of how disabilities or becoming disabled has made them worthless and useless to themselves. They give them the impression that if they had not married them or if they should divorce them, no one else would marry them. Hence, they use this threat as a basis for ensuring that their wives always listen to whatever instructions or rules they lay down in the homes without any contrary opinions. The partners of the WWDs see themselves as the emperors who are in-charge and have the final say. The women have no voice in their homes and this has made some of them to compare themselves to "house furniture" that is always placed wherever the house owner pleases. Anytime they tried to air their voice, their partners shut them down and always become very aggressive towards them. They call them all kinds of idiotic and ridiculous names and maltreat them because they see them as emotional burdens without any sense of affection.

An instance of such was given by a WWD who is in her 30s. She was already having a physical disability before the husband got married to her but the husband seemed not to mind that because the lady's family was financially buoyant. She narrated that everything was going fine that she entrusted him with all her finances and bank details. But after a few years into their marriage, things started turning sore. He started being moody and snapped at her whenever she talked to him about something or asked him to assist in some ways which he had been doing for years. He started avoiding her and avoidance gave way to segregation and later turned to physical violence and derogatory name-calling. She claimed that she tried all she could do to persuade him to let her know what led to the change in attitude. He would rather leave the house or scream at her than discuss with her. She tried to observe the situations herself and ruminate on their past. From her narratives, her thought was that maybe the husband, out of greed, only wanted to use her to get himself financially empowered and, since he had achieved that, he was tired of her and the marriage. This

went on for years, even though she was not happy with the situation, she remained in that marriage because she was not sure of the cause of the change in attitude. Probably because the wife controls the finances of the family, the husband is yet to have the effrontery to file for a divorce or abscond from the home. This could be the reason for the wife's maltreatment; it is possible that he intended to frustrate the wife to the point that she would file for divorce or separation. Such a case is synonymous with that of many other WWDs in Lagos State. In the words of the WWD on a wheelchair who had an accident after she got married in an IDI interview:

> …….things just suddenly turned around after years in marriage and my husband became mean. He would insult me with all kinds of names like- *ode tio so ara re di arugbo osangan* (you idiot that turned yourself to an aged fellow at your early life). He would say to me things like 'who will marry you, instead of you to be worshipping me. Just look at yourself', *iwo aro osi yi* (you this useless handicap). He never stopped transferring aggressions as if I am the cause of whatever happens out there. At any slight contact in the house, he gets furious and even goes to the extent of throwing me to the floor from my wheelchair, throwing my dinner at me to eat it on the floor, telling me I must eat on the floor because that is where I belong (*omo ilele ni e*). I would not be able to get up and I could be there on the floor for hours till I could gather some strengths to crawl and help myself to my wheelchair. These acts are so frustrating, yet we both keep on in the marriage. Maybe we both have an agency that is still forcing us to be together at this time. *(IDI/WWD/Married/33Years/2018)*

It was further gathered that the complexity and nature of the victimisation experienced from the WWDs' partners also depend on when and what led to the disability conditions of the women. Some women got disabled after their marriage or at the advanced stage of their courtship and the prospective partners, go-ahead to marry them out of 'mercy' or pity. Most of such disabilities were caused by accident, trauma, childbirth, insurgency, victimisation or environmental influences. Such WWDs are faced with more intense victimisation than those whose conditions were caused by genetic or congenital factors. This is because those caused by congenital factors must have been coping with their conditions right from childhood and have made some necessary adjustments to life situations even though they are faced with new daily challenges. But those that got impaired at a later stage of their lives, that is,

after they got married or at an advanced stage of their courtship, the disability conditions come as a shock to both the women and their partners. These WWDs and even their partners have to struggle to adjust to their present conditions and the new challenges that come with the conditions.

Many of these women, in most cases, are left with little options and end up depending solely on their partners as caregivers for survival. This, on many occasions, made them experience multiple victimisations from their partners, a number of other individuals and institutional actors. Hence, their victimisation experiences become a lifelong situation as they do not think of separation or divorce because of the fear of what happens next or the fear of the unknown. It took many of these WWDs years to deal with the consequences of the victimisation especially when they do not get support or find succour elsewhere. An instance of such is a woman on crutches who became physically disabled through polio in the first year of her marriage. She is a Yoruba woman with seven children who lives separately from her husband. Her disability, coupled with the number of children she had denied her much engagement in economic activities and made her more dependent on her partner. Caring for children is a whole lot of work for a woman on crutches but, unfortunately for her, these burdens has no meaning to her husband. Whenever the husband came around, all she claimed he did was to copulate with her and beat her up over any flimsy complaint or mistake. She was in a state of confusion that she did not know what could be done to liberate herself. She could not think of divorce or report to anyone because she lacked the necessary knowledge to protect herself and had no access to information about the possible opportunities to assist herself. Her husband never stopped yelling at her and nagging her over her disability, telling her he never planned to marry '*arokose*' (a handicap). Both the physical and the non-physical victimisation got her devastated and gave her a psychological trauma which led to her suffering from stroke before she got someone who linked her up with a DPO. This is a kind of pathetic situation that the WWDs who become disabled in marriage are confronted with because they seem not to be the same person to their partners as they are now living with disabilities. Many of the women are not seen by their partners as the wife they sought after. They do not see them as partners; they see them as objects in the house. In her words during the IDI session, the 41-year-old Yoruba WWD gives the following narration:

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I had polio the first year of my marriage and I became disabled; I started using crutches. Presently, I have seven children. Having seven children with my condition is a problem and I do not have any knowledge of family planning at the initial stage of my marriage. My husband doesn't live with me because he works in Warri and I live in Lagos with the children. He only comes to Lagos once in a while, copulates with me, gets me pregnant, beats me up and maltreats me at every slight mistake. Added to the stress of taking care of the children, the man keeps abusing me physically and psychologically and that eventually led to my stroke. The reason for this is simple. He kept saying that he didn't plan to marry *'arokese'* (a physically disabled person).*(IDI/WWD/married/42Years/2018)*

In another IDI session with a WWD, reports of her experience on how she gets disabled and maltreated by her husband. She narrates thus:

I got disabled when my husband and I were courting. It was a big shock for me because I didn't know where to start from then. I was devastated and scared of losing my fiancé but he agreed to still marry me and that raised my hope. I had been dependent on him since we got married because I had no one else. But after some years into the marriage, he changed his attitudes towards me. He started maltreating me and the only affection he had for me was to impregnate me. He bullied me, hurled insults at me all the time and never stopped reminding me that he married me out of pity. Yet, I could not divorce him because of the fear of the unknown. What exactly do I know would happen when I start living alone or living with somebody else? A Yoruba saying states that "*esu ti a mo, o san ju angeli ti a'omo lo"* (the devil we know is better than the angel we are yet to know). (*IDI/WWD/married/36Years/2018*)

A married WWD with the 2 legs amputated who has an MSc degree, narrates her experience with her husband in an IDI session thus:

I was a victim of the Boko Haram bomb blast in Abuja. I was transferred to Abuja from my workplace and my husband was not pleased with that but I had to go. After the incident, my husband lamented bitterly and usually abandoned me in the house when I relocated to Lagos. I was devastated but my company got me an adapted car which enabled my mobility. My husband would drive out with this car and might not come back home for days. He would leave me stranded in the house, unable to go to the office

which would eventually force me to work from home, I would not be able to go for shopping and, at most times, leave me depending on my subordinates at work as I have to call them and send them to get groceries for me. The sad part of it was that I could not say anything whenever he came back home because he never got tired of reminding me how I became disabled; he would accompany that with derogatory statements. I was always feeling shame as this happens so I could not tell anyone. *(IDI/WWD/Married/42Years/2018)*

Another group of individuals or institutional perpetrators of violence against the WWDs that are worth considering and identified in this study are Paid Caregivers or Paid Primary Care Providers (PCs/PPCPs). Although, there are limited professional understandings of the WWDs' victimisation by the PPCPs (seeSaxton, Curry, Powers, Maley, Eckels and Gross, 2001), it is a common practice. The participantss in the study mentioned some instances of victimisation they face when in the custody of PPCPs either in their homes or in the institutional settings. Just as the partner-victimisers, the WWDs face enormous victimisation from PCs/PPCPs. PCs/PPCPs also perpetrate almost some victimisation against the WWDs just like the partner-victimisers. The difference is that the WWDs do not share any intimate relations with the PCs/PPCPs but they do with their partners. Almost all the WWDs interviewed stated that their PCs/PPCPs physically maltreated them, financially abused them and abusively invaded their privacies. The control maintained by some of the PCs/PPCPs over the WWDs is pervasive and continuous. The PCs/PPCPs also see themselves as demigods; they believe that the WWDs cannot survive without them. The PCs/PPCPs believe that, because they are to care for the WWDs, they should be privy to every decision of the WWDs. To some of the WWDs who are learned enough to be aware of their human rights, they feel such acts are wrong and it frustrates them many times. But the PCs/PPCPs keep encroaching on the privacies of the WWDs because they lack a deep understanding of the need to respect personal spaces. The WWDs already view these as being abusive. Such acts have threatened the WWDs' privacies but they cannot help the situation as they need the PCs/PPCPs for survival and sustenance. Unfortunately, the laws are not effective enough to discourage these instances of victimisation because their implementation is close to non-existence. All these reflect in critical discussions by WWDs about their victimisation in the custody of PCs/PPCPs. Furthermore, the WWDs who directly employ caregivers that turn out to

be their victimisers state how it is difficult for them to critique the poor care practices of the PCs because they depend on them. Moreover, the set regulatory agencies for the relationship between the PCs and the WWDs are largely ineffective. The WWDs note some instances in which the regulatory bodies did not attend to their reports of victimisation against the PCs because the PCs have insiders in the regulatory establishments. A WWD who is a divorcee has this to say:

> The abuse of power by PPCPs is a big thing and a serious issue all because they claim they are paid to care for you; therefore, they have every access to everything about your life. Imagine a PC sees something new you bought and queries you about when you bought it without her knowledge… would that not be annoying? They eavesdrop, they always want to listen to my phone calls and know everything about my private life and finances. It is that terrible because, most times, they get this information and use it to remote our lives and manipulate us*(IDI/Divorcee/WWD/55Years/2018)*

A single WWD on crutches who is a hairstylist in an IDI session said:

> You cannot be so sure of 'who is who' when it gets to the point of reporting the PCs/PPCPs who turn victimisers. There is always a close relationship between some of the social service workers who provide the PCs/PPCPs for us and the regulatory agencies. When you make a report and the matter is getting to a stage that becomes detrimental to the PCs/PPCPs/social service providers, some agencies, I would not want to say all, tend to sweep the case under the carpet to protect the PCs and you can be left out in the 'cold'. The agencies would now be speaking for you or persuading you. Whatever you say would not be substantial as the case would have been trivialised to protect the PCs/PPCPs as a form of solidarity. *(IDI/WWD/Single/35Years/2018)*

To take this further, another major form of victimisation against the WWDs is that perpetrated by employers and/or co-workers. Women with Disabilities are faced with some socio-economic challenges and have few opportunities to engage in economic activities. They keep being vulnerable to victimisation by their employers or potential employers because of their systematic exclusion from employment schemes as a result of the improper implementation of the existing policies. Their lives have not been influenced positively by the existing policies. Many of the WWDs have no proper means of survival. Hence, many of them go hungry and become shattered because

they are not allowed to showcase their abilities. Therefore, they fervently hold onto any job opportunities they have. Hence, many of them experience some ridiculous negative acts from their employers and some become corporate beggars or destitute on the streets of Lagos.

There are many accounts of how employers molest or take advantage of the WWDs because of their disabilities; they exploit the laxity in the existing policy frameworks. The WWDs lament that the employers consciously or unconsciously victimise them because the employers see them as defenceless individuals that can be easily victimised without any consequences. Employers see the WWDs as being without any abilities or potentials. So employing them is considered as assisting them based on their disabilities and not because of their abilities. The WWDs claim that the employers employ and retain them out of pity and not empathy. For those WWDs who are opportune to be employed, they are always under-employed, underpaid not provided with the required tools to function optimally in their workplaces. They are not provided safeguard measures; they are not insured and there is no guarantee of job security.

Some of the WWDs recounted their job-hunting experiences. Most of the employers discarded them outright because they concluded immediately that the WWDs are unworthy to be employed. A woman in her late 30s living with a physical disability approached an organization where she wanted to render her service to them voluntarily to measure some skills she just acquired in a formal setting and add to her experience. She wanted to work as an intern in the establishment. The lady was maltreated and told that she was unworthy to work in the organisation. The employer embarrassed her as she was told she had nothing to offer and should not just come to the company to constitute a nuisance. The lady was shattered as she categorised that act as a form of psychological and economic victimisation which is detrimental to her wellbeing. She claimed to have been traumatised for weeks as she was ruminating on what the employer had said to her. She had been living with an amputated leg for over 30 years. It was still with this disability she finished her secondary school and comprehensively learnt different vocational skills to meet the requirements of the organisation. The comprehensiveness of her skills made her confident enough to approach the organisation. Unfortunately, she was not given an opportunity to prove

what she could do. She recounted how this pathetic situation threw her off balance and cost her a lot as she lost confidence in herself for a long time.

There is another set of devastating and painful experiences from those who became disabled through workplace accidents. They were never well catered for; they have been left emotional, shattered, laid off and uncompensated. There are clear existing policy frameworks which state that both public and private employers of labour should properly integrate the WWDs into their operations by offering them jobs. But these laws are ignored; this indicates a clear laxity in the implementation of the policies. All these lead to the continuous marginalisation and abuse of the WWDs. In the words of a single women with BSc but handicap in the IDI session:

> There was a time I went to an organisation to request to work for them on a voluntary service just to practise some things I learnt. I wanted to give them my service for free but I was turned down and treated like thrash. The employer questioned my ability asking me what I could offer, how I would get to work every day and so many devastating questions. Those questions were asked annoyingly. He couldn't even give me any breathing space to either respond to just one of the questions or proof my worth as I tried making some points to him. He wrote me off immediately and passed several bad comments to my face before sending me out of his office. I left the office devastated. It was so annoying and it always disturbed me psychologically and economically as I couldn't do something tangible for a long time. *(IDI/WWD/Single/38Years/2018)*

Another participant from a DPO in a KII session gave a report:

> A group of physically challenged women had a protest in Lagos State on the 'World Disabled Day'. We were informed and we provided them with logistics as a DPO to support them. In their protest, they clamoured for better implementation of their inclusion and employment opportunities in both the public and private sectors. One of their team leaders said and I quote "we are neither beggars nor destitute, it is the government and the society that are making us look like one because not all of us have the thick skin to be conformists as we strive for survival". How can one be a conformist when hungry and shattered? Therefore, some of the women resorted to begging and see it as an innovation because

they just have to find a way to survive*(KII/Female/Project Manager/DPO/42Years/2018)*

According to a director of LASODA interviewed during the KII session:

> Anybody could be perpetrators of WWDs' victimisation as human are the most complex entities. We had a series of cases of WWDs who were victimised by their employers. The most annoying part of it was that these women on different cases had the accident that made them disabled in the same workplaces where they were victimised*(KII/Director/LASODA/55Years/2018)*

Another major form of victimisation which the WWDs experience but never or hardly report is sexual violence. Sexual violence is a major challenge that the WWDs face repeatedly but do not have the courage to report such acts to anyone because of shame and distrust. They recounted how they cannot tell people they are raped or sexually assaulted by their partners, siblings or even parents in some extreme cases. Those without disabilities are still queried when they report cases of sexual harassment not to talk of those living with disabilities. Moreover, there are numerous accounts of constant and repeated rape of the WWDs. A married WWD with the 2 legs amputated who has an MSc degree recounts related experience in an IDI session thus:

> I was always exhausted. I mean absolutely exhausted and shattered. Living with a disability is a difficult situation you know....and my husband is always furious; he slaps me and kicks me awake. He never stopped telling me not to fall asleep on him, that he had wanted a wife, a real wife not just an old woman staggering all around the house. It is about having sex all the time whether I am in the mood or not. We have sex, at least, twice a day and he handles me unpleasantly. He would never stop shouting at me and often hold me down and this I hated, oh God! I hated it so much but I couldn't help myself. *(IDI/WWD/Married/42Years/2018)*

Table 4.3: Victimisations and its perpetrators against the WWDs

S/N	Types of Victimisation	Perpetrators

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Psychological/emotional abuse	Family members, peers, strangers, partners, in-laws, children, health/house/PPCPs, care facility institutions
Financial abuse	Parents, siblings, peers, partners, children, neighbours, care facility institutions
Neglect/abandon/deprivation	Family members, teachers, partners, PPCPs
Sexual abuse	Partners, strangers, uncles/relatives, boyfriends, PPCPs
Physical abuse	Family members, grandmothers, peers, strangers, partners, PPCPs

Adapted from Heijden, Abrahams and Harries (2016)

Table 4.4.: Summary of disabilities with specific forms of victimisation, perpetrators and manifested behaviours

S/N	Disability	Forms of Victimisation	Perpetrators	Victimisation Manifested Behaviour
	Physical disability(handicap,	Physical violence, mobility	Parents, grandmothers,	Hitting, kicking, biting, dragging by the hair,

spinal cord injury, kyphosis, albinism, short stature, people with knuckle knees etc.)	challenges, stigmatisation, isolation, denial and blame sharing, economic and financial abuse, forced control strategies, emotional cruelty, rituals, sexual harassment	peers, strangers, partners, PCs/PPCPs, family members, children, neighbours, care facility staff	abandoning, poisoning, assault, discrimination, name-calling, withholding support facilities like a wheelchair, forced marriage, forceful participation in pornography viewing and acting of pornographic scenes, denial of access to their children, derogatory comments, forceful access to a WWDs' financial status and benefits
	Visual disability: partial and total blindness	Sexual harassment, isolation, neglect, mobility challenge, economic and financial abuse, emotional cruelty, denial of medications and aid facilities among others	Peers, strangers, partners, in-laws, mothers, children, health/house/PPCPs, care facility staff, family members, neighbours, teachers, uncles, boyfriends/lovers	Sexual assault, rape, poisoning, assault, discrimination, forced marriage, denial of access to children, derogatory comments, stigmatisation, abandonment, forceful access to WWDs' financial accounts and benefits and denial of access to her finance

Source: Olaitan, (2018)

4.4.4. Attitudes that lead to victimisation of WWDs

Though some individuals have positive attitudes towards the WWDs, there are reports that there are lots of people whose attitudes towards the WWDs remain negative. Their attitudes embody discrimination, rejection, isolation, seclusion; and conceive the WWDs as a liability. As it was established from the onset in this study, the traditional beliefs and socio-cultural constructions of disability largely determine peoples' attitudes to, reflections on, perceptions of, and reactions towards the WWDs. The data indicates that disability conditions in traditional Nigerian settings are mostly given metaphysical attributions. Witchcraft and evil spirits are regarded as the cause of disabilities. As a result, the WWDs are thought of as either sinners or social

deviants. Hence, they experience all forms of social elision and stigmatisation which leads to seclusion, isolation, discrimination, banishment and other forms of physical victimisation. The impact of these attitudes on the WWDs and their family members is tremendous and worrisome as they feel tortured together with some of their relatives who do show understanding that disability is not a curse but a malformation in the body (Iyabo, 2014).

However, a large number of people and families do not see disability as malformation; rather, they attach spirituality and cultural explanations to disabilities, and these make them treat the WWDs with disdain. It was found out that the WWDs are treated as aliens in their own homes, schools, workplaces, among their peers, by health workers and acquaintances. One of the cultural beliefs in Nigeria is that spending on a child is an investment from which one gets some returns in the future; a trained child is expected, when grown, to take up some family responsibilities and cater for the parents at old-age. Therefore, any child that is foreseen not to give returns or does not reciprocate the investment is seen as not deserving the investment in the first place. As for the females, the scenario is worse because of the prevalent gender construction of femininity and the patriarchal nature of the Nigerian society. Ladies are believed not to be full members of the family because they would later get married and bear another family's name. However, minimal investments are still made in them but the parents have few expectations of them compared to their male counterparts. This becomes more problematic for females living with disabilities as they are already seen as outsiders and/or outcast right from the onset such that both the family and the other community members already have the belief that females with disabilities do not have anything to offer. They are seen as not having what it takes to excel in any trade, profession or marriage. Therefore, investing in such females seems to the people as a waste of time and resources. They are neither sent to school and few of them are sent to centres for vocational training/skill acquisition. Hence, they find it difficult to fend for themselves and survive later in life. A single woman with visual disability who got disabled at birth with no education corroborates this in and IDI session thus:

> It took me years to understand that my family didn't see me as a normal human being like the other children in the family. Every one of us in the house made mistakes or did some things wrong, yeah… they scolded us but mine was always taken to another

dimension. I had to take my time to study the situation before I realised that my correction took another dimension all because they blamed my own mistakes on my disability. At every point, they attached my wrongdoings to my disability; my disability was seen as devilish. Everything I did was wrong, it was devilish.*(IDI/WWD/Single/28Years/2018)*

In another KII session, the representative of a DPO gives an account of a case she intervened in:

I have seen a case where a father told his visually impaired daughter that she should stop disturbing him to send her to school. He said he was tired of even feeding her let alone sending her to school because she was not adding any value to the family. He said the girl should either marry someone or go to the streets to fend for herself. He wanted the girl to stop disturbing him that she wanted to go to school. *(KII/WWD/DPO/48Years)*

It was further reported that the WWDs suffer from the change of identity in Lagos State because they are stigmatised because of their disabilities. In the words of Susman (1994), stigma is described as a high level reaction to the perception of a negatively appraised difference. Stigmatisation is a process, based on the social construction of identity, and, on many occasions, used as a basis for both physical and non-physical victimisations. In essence, a stigmatised person would have passed from a "normal" social status to a "discredited" social status (Goffman, 1963). Hence, they have experienced emotional hurts as a result of the others' expressions of pity, fear, disgust and disapproval about their disabilities. This is another form of victimisation that has had a profound impact on the WWDs' social identity and makes them vulnerable.

Women with disabilities are identified with different kinds of derogatory names that are linked to their disabilities instead of their names. This then becomes their new identity. Such derogatory labels include *anti ode* (idiotic lady)*, anti oponu* (foolish/feeble-minded lady)*, omugo* (fool)*, iya Abirun* (mother of the disabled)*, omo aro* (child of the handicap/handicap child)*, abuke* (kyphosis)*, afin o'jeyo* (albinos can't take salt)*, kampala* (someone with a rough as a result of fire accident or skin disease) among others. These new identities propel various forms of ridiculous attitudes against the WWDs which economically, politically, socially and culturally

disadvantaged them. This situation becomes precarious as a large proportion of the WWDs reported not seeing themselves as normal women when compared with the other women without disabilities. A visually disabled, separated from her husband and found on the street of Lagos states in an IDI session:

> One major factor that heightened victimisation incidence of the WWDs is the identity and stigma associated with disabilities; the WWDs are oftentimesviewed by the society to be "not completely human and of less worth". That is the reason you would see us being called names like *Abirun, Ode, Aro* and others. The absence of any positive representations of our real identities enhances the perception that one can victimise us without consequences. Some forms of victimisation against us are not been regarded as gender-based violence because of the increased discrimination based on disability and how it is constructed. The incidence of maltreatment and abuse of those of us living with disabilities far exceeds that of those without disabilities. *(IDI/WWD/Separated/45Years/2018)*

Another single student WWD in the IDI session gives her view thus:

> Cultural beliefs promote the discrimination and diminishingof PWDs through exclusion and characterising them as objects of shame or ridicule, and as victims of evil forces. Disability as an identity makes WWDs to be seen as women who are disadvantaged in multiple ways and this makes us experience exclusion based on our gender and disability. We the WWDs are specifically vulnerable to abuse because of all these attitudes*(IDI/WWD/Single/19Years/2018)*

To buttress the above, Link and Phelans' (2001) five components of stigmatisation was adopted to explain the non-violent victimisation of the WWDs. These components are labelling, stereotype, separation, status loss and discrimination.

Labelling: Linking this to the disability context, it is the realisation of a certain biological attribute that is different from the normal ways they are expected to be to have a social significance.

Stereotyping: This deals with assigning negative attributes to socially prominent differences in WWDs that seem problematic and are seen by significant others to be undesirable.

Separation: This occurs when others start reacting to the recognized differences which leads to the sense of "otherness" that becomes noticeable.

The aforementioned components of stigmatisation are crucial and they determine the feelings of the WWDs. When the WWDs perceive being labelled, stereotyped and separated from the normal activities of the society they belong to, they start to experience what Green, Davies, Krashmer, Marsh and Straight (2005) refer to as "felt stigma".

Status loss: This occurs when stigmatisation starts to practically interfere with the WWDs' possession of the qualities to engage in the political, social, economic and cultural lives of their society. This makes them lose their status as their being different because of their disabilities are already perceived negatively. By this, they start to experience what Green, Davies, Krashmer, Marsh and Straight (2005) referred to as "enacted stigma" which leads to their total discrimination.

Discrimination: The WWDs encounter and experience the ill effects of the unfair practices from members of the society and government in the areas of policymaking and its implementation on challenges that has negative effects on their lives. Discrimination and bias of any kind serve to isolate and reject the WWDs from society and its numerous benefits. Discrimination is a type of social rejection. At the individual level, the effect of stigma and social exclusion can be wrecking; it prompts low confidence, improper social relations, separation, melancholy and self-hurt (Mason et al., 2005).

In summary, the study has shown that the WWDs suffer physical violence, socio-economic exclusion, humiliation and harassment from partners, family members, PPCPs, employers and the public. These findings align with some extant studies which submit that many WWDs suffer multiple jeopardy as a result of discrimination against them (Astbury and Wsalji, 2013). They live a life of absolute dependency and suffering. To foreground this position, Haruna (2017) reports, in his study carried out in Kano and Katsina States, that women who lived with disability caused by permanent suffering from Vesico Vaginal Fistula (VVF) are being rejected by their husbands and are abandoned by their close associates and some of their relatives.

All these negative attitudes and physical violence towards the WWDs by their partners, families, PCs/PPCPs among others are infringements to the fundamental human rights of the WWDs. These abrogations, according to Radford, Harne and Trotter (2006), are described as acts against the WWDs that kill them more and faster as they lead to greater psychological trauma and high-level depression for them. The WWDs are left unprotected in the custody of long-term carers turned victimisers. This was also established in the 'right' and 'valuing diversity' elements of the Critical Disability Theory (CDT). The CDT asserts that the tension between rights-based approaches and social welfare should reflect the autonomy and social rights of the WWDs (Hosking, 2008). However, because of poor implementation, existing laws have not been able to adequately respond to the social needs and protections of the WWDs. They become exposed to victimisation and keep depending on their victimisers throughout life.

Also, using the valuing diversity element of CDT to address the WWDs, depending on the circumstance, equality objectives may be advanced by recognising and regarding differences in ways which effectively react to it either positively or negatively. With disability, by and large, CDT asserts that human differences ought not to be simply excused as unimportant in light of the fact that ignoring them lead to the marginalization of the WWDs.Alternatively, there should be policy responses and proper implementation mechanisms which will take into account different disability conditions and their peculiarities. By so doing, there would be room for proper social adjustments which will eliminate the barriers that are excluding and denying the WWDs to participate equally in the society. All the different types of victimisations against the WWDs that have been examined here have great implications for the WWDs' lives, dignity, self-esteem and confidence within and outside their immediate homes.

4.4.5. Effects of victimisation on Women with Disabilities (WWDs)

Living with disabilities bore upon the nature and degree to which the WWDs have been treated and victimised as well as stamp down their ability to react to acts of victimisation. The general populace seems to think that the worst thing that can happen to anybody on earth is to become disabled. Often, the majority of the people do consider the WWDs as unfortunate beings who have nothing or little to offer

humanity. Women with disabilities, however, feel so rejected and most times see their disabilities as sources of despair. This results from either the pitiable compassion or aggression shown to them by people in society. In a KII session with a director of LASODA, he narrates an incident:

> From experiences through the interventions we have had on disability matters, we have heard a series of lamentations from the WWDs on how much people in the society don't have any orientation about disability. They talk and address WWDs like nonentities and show unnecessary pity instead of empathy towards them. Some even go to the extent of avoiding them, saying disability is contagious, degrading them or denying them their fundamental human rights. All these kinds of acts have bitter impacts on them as they feel denied and degraded; they don't feel human and they always feel marginalised *(KII/Director/LASODA/55Years/2018)*

It is a worthwhile fact to note that the WWDs feel that the sympathy shown to them because of their disabilities has negative impacts on them as it subjects them to inferiority complex. Sometimes, this inferiority complex can manifest itself in the WWDs' display of either withdrawn or aggressive social behaviour which may further affect their socialisation process. Therefore, it is very important for their significant others to always keep their sympathy for the WWDs to themselves and treat them as normal people who should enjoy equal rights and privileges like their counterparts living without disabilities. This is further established in CDT postulations (as in Hosking, 2008). He conceives the rights of disadvantaged people in society as relevant. This means that all the rights of the WWDs are indispensable tools to encourage the equality arrogates of the WWDs and can be used to advance their full integration into all the different facets of the society. The CDT's central concerns for the WWDs' autonomy and (social) rights protection so asoptimise their involvement in the public space are reflected in the tensity between the welfare and rights-based approaches to the formation of disability policy. To buttress this, a woman with albinism in the IDI session says:

> The kind of treatment given to the WWDs, when found amid others not living with disabilities, be it in a social gathering, classrooms, or even in commercial vehicles, greatly affects our lives. The effect could either be positive or negative. A nice and friendly hand, when stretched to a woman with disabilities, gives

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her a welcoming appeal accompanied by a sense of belongings, and this helps in creating a world of acceptance for us. On the other hand, when stigmatised, neglected and desolated, and others act as pitiful instead of showing empathy, we become loners and feel unaccepted. This makes us feel we have no right to enjoy being alive and this kills us gradually*(IDI/WWD/DPO/45Years/2018)*

If a disability is properly harnessed, it can serve some favourable purposes contrary to the people's view about disability. This means that disabilities could equally be used to the women's advantage to reach the apex of their dreams with minimal efforts made. Otherwise, it could be disastrous. Having supportive families, peers/friends and acquaintances that show love to the WWDs and protect the WWDs' rights, gives them morale and helps them in building their self-esteem so they can aim high. The supports they get give them the room to positively reinforce their confidence whenever they are faced with any kind of victimisation challenges from any quarters. The WWDs benefit when there is the proper harnessing of disability by some people. They report that instead of those people talking them down, they are always reminded they can do better and make the quote, "there is ability in your disability", their watchwords.

However, for those who do not get supported and have always been victimised because of their disability, they end up being depressed and frustrated. Because those around them do not help them in harnessing their disability conditions, many of such WWDs did not have any opportunity to achieve some great things in life. Their continuous stay in depression and frustrating situations mostly affect their reasoning and give them psychological traumas. Being in such situations does not make them grow in all ramifications. They hardly acquire the knowledge that can be used to liberate themselves and compete when there are opportunities to earn a better life. They mostly end up in forceful marriages or "out of pity" marriage (for those who get lucky enough to find a spouse) and they are always marginalised. As a result of these, they are always under the dominance of people and are negatively influenced by people around them. For instance, a WWD on a wheelchair who could not get support from her partner and eventually turned to living on the streets says this in an IDI session:

Living with disabilities is just a big problem and it is people around us that make the circumstances worse for us. You cannot imagine how my husband treated me…he was always molesting me. He would always close all the windows in the house so the neighbours won't hear my fainted voice. He takes away my mobile phone from me, grab me on my hair and pull me with it to incapacitate me. He would get me stuck on the stairs by pinning me down and cover my mouth with his hands all the time. How can one sail through such and survive in this kind of situation? How can one think of better things with such acts of oppression? He has not been supportive at all and that led me to where I am presently *(IDI/WWD/Living on the street/33Years/2018)*

However, another participant in a case study session gave another perspective that corroborates how effective harnessing disability could be as she gets supports from her immediate family. However, the process is not challenge-free. She states:

Living with disabilities is not easy in any way. I was just fortunate that I have a supportive family and a few friends who helped me whenever I was stuck because of my disability. They showed me so much love to the extent they almost got me spoilt that I was unable to get things done for myself. I had to fight it out myself and got myself detached from them for me to get things done without depending on them. But their supports for me really helped me to service the early stages of my disability till I was able to achieve this height. They keep reminding me there is ability in disability and in whatever situation to tap into *(CS/WWD/Director/52Years/2018)*

Furthermore, the effect of victimisation on the WWDs was also reported from another intersectional perspective. It becomes obvious that the intersection of gender, ethnicity and disability increase how victimisation has greater effects on many of the WWDs. Although, as inferred from this study, this happens more to the WWDs who are from the minority groups in Lagos State such as Tiv, Ibibio, Igala and the like. This category of the WWDs either migrated to Lagos State by eloping with their lovers who are Yoruba men or Lagos indigenes who are domiciled in Lagos. They migrate to Lagos in search of a better life. They recount cultural differences, language barriers, lack of solidarity, structural barriers and their disability conditions to be the challenges they face. These challenges always make them caught up in victimisation-prone situations. Those of such WWDs who had once cohabited with some partners outside

Lagos claimed that they came to Lagos with their partners who came to their village from Lagos to work. They, in most cases, elope with those partners, either willingly or out of the shame of unwanted pregnancy. They explained how unwanted pregnancy would have added to the shame they experienced as a WWD in their villages or hometowns. While others navigated their way to Lagos State for greener pastures because they were mostly told in their villages that Lagos State is always a fertile land for survival irrespective of their conditions. Unfortunately, many of them do not have a good knowledge of the surviving mechanisms in Lagos State. Therefore, in trying to manoeuvre, they most times fall victims of different acts of victimisation. For those who eloped with a partner to Lagos State, they are mostly maltreated, molested, abandoned and physically abused. They cannot make reports or fight back because they do not know how to go about reporting their victimisers and they lack the ability to communicate effectively because of the language barrier.

For those who migrated for greener pastures, they fall prey to some men who either molest them or cajole them. They get them pregnant without any mutual agreement. Such men blindfold them with different promises of love and care. Because of their better understanding of the structural standards in Lagos State, the men make sure they do not have access to any enlightenment programmes that could enhance their knowledge about the opportunities in the state either for survival or for seeking redress whenever the need arises. Many of these women cannot communicate in the English language. Rather, they communicate through their local languages and speak incipient Yoruba.

A pool of these categories of women is those who eventually found themselves at the margin of the society after getting frustrated and run away from homes where the abuser kept or hid them. This intersectionality has a great effect on them as they end up not achieving their goals; rather, they end up being single-mothers, beggars, destitute and the homeless as they do not have any prerequisites to pick up some employment opportunities that could better their lives as envisaged. However, a very few of the women reported finding their way to the public welfare or government agencies and, requesting the bodies to intercede for them. But their efforts were unfruitful because they could not get any intercession, protection and care; rather, their efforts were frustrated. They lamented the unfriendly responses and reactions

they received from the professionals and agencies as a result of the social construction of the members of the 'minority ethnic groups' who cannot speak either the English language or the local language. These instances of intersectionality and structural flaws have negative effects on the psychology of the WWDs. Although, all these victimisation acts affect all the WWDs, but the effects of these acts have their peculiarities. As a result, the WWDs recounted how they suffer from chronic depression and anxiety, and continuously lose their self-worth. In one of the IDI sessions with a WWD, an amputee, who is of the Igala ethnic extraction, eloped to Lagos with a Yoruba man (from the Awori dialect group) and found on a street of Lagos, narrates thus:

> I never stopped to remember how much he calls me a useless piece and rained other verbal abuse on me. The effect of these words on me and some other WWDs in my shoes cannot be underestimated. It got worse for me when he spoke his native dialect (Awori) that I don't understand at all. He did that when abusing me or reporting me to his folks. That could be so devastating on our wellbeing. All these are as a result of living with a disability. At least, if I am not physically challenged and if I understand the Yoruba language, I wouldn't need to depend on him. I would have moved around easily, I would have learnt some skills and his language that would enable me to cope with him and sustain my home. To keep up a positive body image is a big challenge. It got to a point I concluded that probably, I did not worth better that I am getting since I am a WWD, I don't deserve to be treated well. I, therefore, lost hope and that led me to living on the streets as I didn't find it easy going back to my village after several trials *(IDI/WWD/Living on the street/39Years/2018)*

The foregoing narratives have shown that victimisation have negative effects on the WWDs. Many of them spoke about their permeant seclusion, loneliness and isolation in with grief. All these factors also make the WWDs not to experience meaningful social relations for their survival.

The findings in this study resonate with some previous studies on the nature, perpetrators and effects of victimisation on the WWDs. To live a life free of victimisation is a fundamental human right of every Nigerian. However, these fundamental human rights remain a nightmare for the WWDs. Many of the WWDs survival is very challenging, it is difficult for them to earn a sustainable living,

achieve their target goals in life and frequently experience victimisation. Yet, they are essentially an inconspicuous group in the Nigeria. Their invisibleness is partly due to various types of stigmatisation, discrimination and, the intersectionality of disability and gender (Hunting, Grace, and Hankivsky, 2015). The social isolation in which the WWDs find themselves; the feelings of helplessness and powerlessness they experience routinely and, overdependence on both secondary and primary caregivers such as family members, partner, PPCPs/PCs, criss-cross their gender and disability. These also translate to the effects of structural relations of poverty and social devaluation on the WWDs both at the level of personal relations and society at large. Interestingly, there are indications that the victimisation of the WWDs is not just frequent in the modern society; it is also complex and diverse in nature than the victimisation against men with disabilities and women without disabilities (Rosen, 2006; Howard, Osborn and Johnson, 2013; Breiding and Armour, 2015). Moreover, the factors that contribute to the increased victimisation of the WWDs is a process which starts from the social construction of the WWDs in Nigeria, the lack of institutional protection for them and the improper implementation of disability policies. The reflected attitudes of people around the WWDs are deep-rooted in the cultural system of Nigeria which presents women as lesser beings and those living with disabilities as the unworthy ones. For this, a chunk of the WWDs become the easy targets of abusive power and control.

Furthermore, in a comparative study conducted in the Pacific Island in 2009, it is shown that the WWDs are at large, in risks of different forms of victimisation in their homes, in their communities and at the care institutions they belong to. The same report also reveals that the WWDs lack access to social and legal supports when compared with their other counterparts (UNDP, 2009, cited in Astbury and Wsalji, 2013). For instance, in a study conducted by Scherer (2011), she tried to compare the rate at which female students living with disabilities and those without disabilities were victimised. She reports that victimisation of the female students with disabilities such as visual impairments, speech impairment, hearing impairments among others constitute 43.8% when compared with those of female students without disabilities which constitute 6.7%. And the female students without disabilities suffer only non-fatal victimisations. In another empirical study done in Australia, it is shown that, because of the devaluation and non-visibility of the WWDs in the policy frameworks

of states, WWDs are much exposed to the greater risks of emotional, physical, sexual and economic victimisation. According to the Mazibuko and Umejesi, (2015), one in every four women experiences domestic violence. This number doubles for the WWDs. It is also reported that out of every two WWDs, one will be abused in their lifetimes either by their partners, family members, caregivers, service providers and the general population (Nosek, Foley, Hughes and Howland, 2001; Hughes, Bellis and Jones, 2012). Some of these findings were empirically inferred in this study.

All the different kinds of victimisation acts and their effects on the WWDs reported in this study align in part, with Nosek, Howland and Young's (1997) and Mogowan's (2003) descriptions of victimisation experiences. They refer to these experiences as multiple episodes of victimisation experiences. They assert that these multiple episodes of the victimisation experiences of the WWDs are more intense among the women and are experienced over broader contexts. In addition, they are mainly perpetrated by relatives, acquaintances, some government agencies and marriage partners. Given the inadequate service provision they can access and the limited routes to safety and protection at their disposal, the WWDs are, on many occasions, impelled to remain invictimised situations for a long time (Humphreys and Thiara, 2002) and subjugated to different types of victimisation which the women without disabilities are not subjected to (Thiara, Hague and Mullender, 2011). One of the major reasons for this is not far-fetched. It is simply because the existing disability laws are poorly implemented to protect the WWDs. Many of the WWDs have nowhere to run to for proper protection and information. Their homes are not conducive for them many a time and the society at large also becomes hostile towards them because they see them as evil and unworthy.

In summary, this study reveals that many acts of victimisations are unknown to many of the WWDs but known to few those that were learned and have privilege of formal education and access to necessary information on victimisation through active engagements in the DPOs. Perpetrators of WWDs' victimisations ranges from family members, partners, health workers, care providers, employers, co-workers, friends to many other acquaintances. Instead of showing affections to the WWDs by socialising the women and aiding their developmental skills, the perpetrators inflict more injurious pains on the WWDs and it was found that this starts from the immediate

family of the WWDs. These women are suffering physical violence, socio-economic exclusion, discrimination, oppression, and harassment from their perpetrators. The WWDs further live a life of absolute dependency and life of loneliness as they were left unprotected in the custody of long-term careers who had turned victimisers.

When abuses are gradual, subtle and perpetrated by family members, close relatives or caregivers, the effects of such on the WWDs are more profound. Dealing with victimisation for the WWDs has been a life-long challenge that they have learnt to cope with. This is either because they have never had any help and have tried to reconcile it themselves, or in light of the fact that, it has been inescapable to the point that it has taken them years to move on. The search for supports that are available, access to helpful significant others and absconding from abusive relationships are also problematic for the WWDs because of the copious social barriers. These problems become more problematic when there are accessible specially adapted aids and facilities, or home-based care services where the WWDs want to abscond from (Cross, 1999). Also, the situation becomes more compounded in the instances where the WWDs can abscond from their victimiser(s) but need more complex help or assistance for their survival at where they are running to. The woman with disabilities may need accessible accommodation, transportation, assistance with personal care and, possibly, a professional support system based on human emotions (Nosek, Howland and Hughes, 2001) which DPOs and available agencies that are statutory may not be equipped to provide. These gaps in the operations of the disability organisations were revealed further by many of the participants.

4.5. Explore the roles played by state and non-state actors on victimisation of Women with Disabilities

4.5.1. Roles of Agencies and DPOs

Conversely, situations of conflicts, gender inequality and poverty have invariably increased the victimisation experiences of the WWDs globally. Gender inequality is an overwhelming injustice of the contemporary society and the biggest human rights challenges faced by the WWDs as it has become a question of power and abuses of power by the males. Guterres (2020) avers that the deep-rooted patriarchy and men's control of the social systems keep creating a gender power gap in global economies, political systems, workplaces, societies and cultures. This issue of gender gap has

made many of the WWDs to be frequently denied voice and kept poor. In addition, their victimisation experiences are discounted. Women with Disabilities are three times likely to be physically abused, sexually assaulted, discriminated against, denied access to social services and lack awareness. Yet, they are often ignored and there are no protection programmes for them. There are documented cases of such across Zambia, India, Uganda, Turkey (Iyengar, 2015) and Nigeria even if there are no proper documentation of their incidences. The most recent example of such experiences is their exclusion from the decision-making processes on emergency health situations (such as the COVID-19 pandemic), terrorism and major world conflicts.

There is enormous evidence that shows a strong link between gender inequality and the victimisation rates against the WWDs (Despoja, 2003) and these victimisation experiences have devastating effects, either directly or indirectly, on the WWDs and their families. Consequent upon the devastating effects, the United States' National Action Plan on Women, Peace and Security highlights the need to take some special measures to protect women and girls with disabilities from gender-based violence and all the other forms of violence. Also, the CRPD further requires states who are the signatories to the disability treaties to adopt some measures that would be aimed at supporting the WWDs through social protection and intervention programmes. Essential social service provisions should also be disability-friendly and accessible for all living with disabilities.

Poverty and disability conditions shape the WWDs' exposure to victimisation. Much evidence (UNCRPD, 2006; UNICEF, 2005) clearly show that the WWDs are in most times, living in poor households and non- conducive societies that endanger their lives, deny educational access, employment and other socio-economic chances. All these contribute to their vulnerability and exposure to all the forms of victimisations. Remedying this requires some serious interventions. The interventions would help address the causes of exclusion. This should prevent the transformation of temporary disability to permanent disability. In reaction to these tendencies, social inclusion has become one of the key principles of the UNICEF, UNCRPD, Disabled Peoples' International (DPI) and all the DPOs. Mainstreaming disability into the social inclusion procedure infers making changes in the plan and implementation of such

plans and other policies to address the specific weaknesses associated with disabilities. To achieve this, UNICEF, (2005: 8) outlined the following:

1. Adjust target components, benefits frequencies and benefit sizes to represent the additional costs related with treatment, care and challenges of easy movement that the WWDs encounter;

2. Choose an appropriate blend that fits for mediations, including kind exchanges, and advance access to essential services and nutrition that is adequate;

3. Undertake reform of policies to forestall discrimination in accessing essential services;

4. Consider specific hindrances to getting benefits and utilize creative approaches to increase access for the WWDs;

5. Implement complementary sentience by raising outreach efforts which includes recommended services;

To implement the UNICEF guidelines, the PWDs/WWDs organise themselves into groups to domesticate the formal policies in over 100 countries. These organisations are generally called the Disability Peoples' Organisations (DPOs). The DPOs are those organisations controlled by a majority (about 51%) at the board and the membership level. The Disabled Peoples' International (DPI) considers the roles of the DPOs to be the most influential for the protection of the PWDs' against victimisation. The World Programme of Action (WPA) highlighted the expected roles of the DPOs in their different locations and the need for them to domesticate their interventions in their societal contexts. Paragraph 28 of their major working document states:

> … the role of DPOs involve rendering a voice of their own, recognizing their requirements, stating views on precedencies, assessing services and advocating change and public mindfulness. As a vehicle of self-advancement, the DPOs give the chance to develop skills in the negotiation process, organisational capacities, mutual help, information dissemination, and frequently, professional abilities and openings. Taking into account their indispensable significance in the process of

participation, it is important that their advancement is promoted"
(WPA, p.8).

Furthermore, the UNCRPD, as adopted by the UN General Assembly in 2006, recognises that women and girls living with disabilities are often at the greater risk of violence, injury, abuse, neglect, maltreatment and exploitation both within and outside their homes. For this, they emphasize that it is a necessary to integrate gender perspective in all exertions to advance the enjoyment of human rights and fundamental freedom to the fullest by the PWDs.

For the easy domestication of the international policies on the roles to be played by the DPOs, Enns and Fricke, (2003) further gives a breakdown of the roles of the DPOs in the protection and inclusion of the PWDs/WWDs in every country as:

1. Self-representation: The DPOs believe that the WWDs are their own best agitators. For the past years, medical practitioners, social works professionals, civil societies and families have been the agitators for the WWDs' welfare. These were antagonised by Roberts (1983) in Danforth, (2020) who is an American living with a disability. His position is mainly captured with the dictum: "if others speak for you, you lose". His position that the PWDs/WWDs should speak for themselves was derived from the motto of DPI, "A voice of our own". This motto serves as the anchor of the DPI. The WWDs believe that they are in the best position to know their needs and aspirations. Hence, they argue that they should be allowed to represent themselves to government agencies, service providers, the UN and the society in general.

2. Identification of Grassroots Needs: The WWDs create local chapters, open forums and ensure democratic representations among others. The establishment of the DPOs is to respond to a group of people's perceptions that there are hindrances to the WWDs' full inclusion in the society which needs to be addressed. The DPOs are intended to be organisations based on the necessities and desires created by the grassroots networks of those living with disabilities. The DPOs are usually started by the educated PWDs who are also financially buoyant in their respective countries. Their high level of education will enable them to identify and analyse the

barriers that bar the WWDs from participating fully in society. Their education makes them easily discover the forces that suppress them and enable them to organise programmes to overpower or defeat those forces. The DPOs have globally forged some mechanisms to get feedback from the grassroots of those living with disabilities.

3. Representations of Government Service Providers and the UN Bodies: The DPOs are to convey the needs of PWDs/WWDs to those who makes decisions and those who provide services at the different levels- the local, national and international. In the context of the DPI, members are multi-disability organisations and they air their united voice to the decision-makers.

4. Evaluation and Monitoring Services: The PWDs claimed that their needs are best known to them. Then the DPOs are to play the roles of monitoring and evaluation ofprovided services. Perhaps, this process wouldwork more effectively in more developed countries because of the availability of more services than in the less developed countries. It is likely to occur more frequently in countries where there are expectations from the citizens that their social needs would be regarded by the governments as rights and not privileges.

5. Self-development: The DPOs play the role of self-development agents for the PWDs/WWDs' skills in the process of negotiation, organisation, management and, proposal and letter writing to empower their members. They further provide a forum for their mutual support in line with developing the aforementioned skills. The DPOs give open opportunities to members, through their volunteer committee members, to learn skills which would give them an edge or put them at par with the significant others in the open employment market.

6. Mutual Support and Solidarity: The DPOs at the local, national and international levels are to champion the mutual support and solidarity for the PWDs/WWDs. The PWDs/WWDs that belongs to any DPOs realised that they have a mutual intention which is advancing their rights to live

like every other citizen in the society. This is a mutual intention that brings forth the notions of common support and solidarity.

7. Vehicle for Self-help Projects: The DPOs play the roles of the instigators of projects of self-help aimed at incorporating the PWDs into the mainstream of the society. Such programs are instigated into two main areas which are independent and dependent living.

8. Networking Mechanisms: The DPOs provide opportunities for sharing ideas and information among the PWDs, mostly at the international level. The DPIs have gone a long way in sharing and facilitating information among the local and the national DPOs globally. The DPI's leadership training seminars and the regional meetings of the world congresses initiated by the DPIs provide suitable forums for formal and informal information exchange.

9. Promoting Public Awareness: The DPOs create public mindfulness about the necessities, yearnings and abilities of the PWDs. This mindfulness is advanced through a significant number of the activities of the DPOs, for example, lobbying the government, mentoring service providers, newsletters publishing, speaking to media and organizing group discussions on the PWDs' issues.

These roles were further domesticated by DPI country members. All the local and national DPOs extract and design their roles to suit their societies' peculiarities. To better accomplish these roles, the PWDs began to form the DPOs to represent themselves. They start by working hard to revise the definitions that regard them as "sick and as being punished by God for wrong- doings" in the society. They put in more efforts into redefining themselves as citizens that has same rights like all other citizens in society. This was established by some of the participants in the interview sessions. A DPO's representative in one of the KII sessions states:

> The first DPOs in the world were the DPOs called the blind group,
> the deaf group and the multi-disability organisations which were
> formed in many countries. The process of organising of these
> groups began in the 50s in some few countries, and by 1980, there
> have been uni-disability organisations to protect the PWDs in a

minimum of 50 countries. It was in 1980 that the DPIs which is a multi-disability organisation was first conceived and created to protect all the PWDs, orientate the PWDs and sensitise the public on how to deal and associate with the PWDs *(KII/WWD/DPO/50 Years/2018)*

Another DPO representative said:

We, as a DPO, play several roles in protecting all the WWDs. For us to achieve our goals, we have a constitution (and I believe all other DPOs do too), which were extracted from Lagos State laws of disabilities and some international laws, that guides all our operations. The international laws have been revised several times and have adapted it to own society. Moreover, for us to be updated, remain relevant and effective at all times, we try as an organisation to collaborate and partner with the local, national and international DPOs, NGOs, government agencies, civil societies among others for the proper domestication of the intervention programmes and for covering all the categories of the vulnerable WWDs from the grassroots to the top *(KII/Female/DPO/45 Years/2018)*

These outlined roles of the DPOs show the importance of the DPOs and the other government agencies which are to oversee the disability matters. Therefore, some of the DPOs and the LASODA, which is the government agency set up to specifically oversee disability matters in Lagos State, had tried to diligently perform their roles to intervene and combat the epidemic victimisation of the WWDs. However, some substantial achievements on the proper inclusion of the WWDs are yet to be recorded. The representatives of the DPOs recounted that they had done serially collaborated with both national and international organisations and some governmental agencies. Those have given them the opportunities to access both the national and international grants that they have used to train some WWDs and helped to acquire some vocational skills.

Also, they have always been continuous sensitisation and orientation of the people, mainly those at the local and community levels, through their community heads (both the traditional leaders and the elected ones at the local councils). These are done to bring the importance of the PWDs' inclusion in the consciousness of the people at those levels because they have personal and closest relations with the WWDs before the larger society. Therefore, if the WWDs are accommodated and properly included

in their local communities, there is the tendency that their challenges would be minimal when they get to the larger society. On the hand, LASODA as a government agency formulates and implements disability laws. They organise stakeholders' forums which involve other state actors, non-state actors and traditional leaders such as the *Obas* or the *Baales* occasionally. The forums are organised to involve all the stakeholders in the fight against the victimisations of the PWDs and to consistently review and domesticate the disability policies. These are done and have helped to proffer solutions to the continuous challenges and the exclusion of the PWDs. It has, in addition, provided a way forward for better policy implementation techniques. In the words of a director of the LASODA during the KII session:

> As a part of our observations, we realised that the PWDs and the general public need much enlightenment, information and awareness which we try as much to provide. They need all these to change their orientation and perceptions about disability. As the Lagos State agency to oversee disability matters, we organise the stakeholders' forums with every sector of the state- both formal and informal- to review reports and policies, and proffer the way forward for better implementation techniques. We take this as far as going to local communities to get to those at the grassroots. *(KII/Director/LASODA/Male/56 Years/2018)*

A representative of a DPO in the KII session corroborates this:

> We try our best to perform our roles having the full knowledge of policies on the rights of the WWDs. By being diligently committed to the international stated roles and domesticating these roles, we have achieved much success. We go as far as collaborating with many government agencies and, national and international NGOs. Doing these made our DPOs to achieve things like having access to national and international grants for the WWDs to acquire some training and skills. However, this is not without its challenges *(KII/WWD/DPO/Married/40 Years/2018)*

Another participant in another KII session says the following to explain how they give voice to the WWDs:

> When we wanted to start the intervention on the seclusion of the WWDs, we made several consultations with both formal and traditional stakeholders. At a point, we realised that, in almost all the communities we visited, the existence of the PWDs/WWDs

were not recognised and provisions were not made for them to address their challenges. The WWDs cannot go into the palaces nor air their voices in the communities. We, therefore, had to sensitise the stakeholders and the entire community as well as the WWDs on how these challenges could be resolved. We brought to their consciousness how they needed to include the WWDs in all they do for them (the WWDs) to have a sense of belongings in the community. *(KII/Project Manager/DPO/Female/45 Years/2018)*

It shows that the DPOs and LASODA are trying hard to intensify efforts for eliminating all forms of exclusion and victimisation against the WWDs. These efforts are likely to translate into the variously accessible information on measures and legal frameworks for curbing the victimisation of the WWDs. These measures cover the daily and routine experiences of the WWDs. The measures include setting some actions that prevent victimisation; prosecuting its perpetrators; protecting and including the WWDs in social formations and supporting the WWDs who are victims or potential victims to recognise their specific needs (such as shelters/homes, accessible public physical infrastructures like ramps in courts, malls, offices and other public spaces, provision of sign language interpreters, community orientation, legal and social protection from vices in the society) and enhancing research initiatives on the WWDs. However, it is quite unfortunate that all these efforts are yet to translate to positive social realities for the WWDs that are at the edge of the society and in the middle class. The situation remains an eyesore as many of the DPOs and even LASODA are unable to perform these roles judiciously because of the different kinds of challenges such as poor funding/finance, inadequate personnel and poor policy implementation. These go a long way in frustrating their efforts.

4.5.2. LASODA and DPOs mitigations/interventions on victimisation against WWDs

To curb the victimisation of WWDs in Lagos State, policies and social protection programmes were established in 2010 by the Lagos State Government(Lagos State Special People's Law, 2010), and just recently in 2018, by the Federal Republic of Nigeria(Discrimination Against Persons with Disabilities (Prohibition) Act, 2018). The Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, which the Nigerian federal government promulgated is in the process of being incorporated into the existing laws in Lagos State to avoid any discrepancies. These policies are

established to improve the living standards, social inclusion, access to social services, and equitable development outcomes for the PWDs. As a part of the intensified efforts by the Lagos State Government, the Lagos State Office of Disability Affairs (LASODA) was established with the Lagos State Special People's Law (2010) which commenced its full operation in 2011. As garnered during the field work of this study, the law sees into disability affairs; it addresses and redresses all the matters that concern people living with disabilities in Lagos State. LASODA was charged with many functions that are categorised into eight (8) strands. These functions are:

1. assigning and anchoring of advocacy and public enlightenment;

2. registration and coordination of the DPOs and, the creation of database for the PWDs for through planning;

3. coaction with ministries, parastatals and corporate bodies, both nationally and internationally, for proper policy implementations;

4. issuance of directives on preventive and curative exercises to the WWDs and their caregivers;

5. issuance and revocation of disability certificates to the WWDs;

6. ensuring the public's compliance with disability laws;

7. actualising the protection of the PWDs' rights; and

8. Establishment of centres for the development of the PWDs.

These functions are to be carried out by LASODA to intervene and mitigate rights infringements and the victimisation of the PWDs in Lagos State. One of the directors of LASODA who is a man living with a disability states this in a KII session:

> We as a government agency on disability affairs are created under the Lagos State Special People's Law, (2010) to perform enormous functions among which are ensuring the queer interests of PWDs are reflected in every policy, programmes and activities of the government. We are also charged to actualise the delectation of all the rights in the law by the PWDs; we are to regulate and monitor the DPOs activities; we are to collaborate, register or coordinate the DPOs and we bridge gaps to ensure the best practices. All these were in accordance with the extractions from the different international disability laws *(KII/Director/Male/56 Years/2018)*

A lawyer in the Lagos High Court states during a KII session:

> It is a well-known fact that the WWDs are multiply disadvantaged and they experience exclusion because of their gender and disability conditions. But the Lagos State Government is committed to building a society without gender discrimination which guarantees equal access to political, social, economic and wealth creation opportunities for women and men living with disabilities and developing a culture that places a premium on the protection of all, including children with disabilities. In furtherance of this goal, the government has formulated some policies to prevent these exclusions and advance the full involvement of women, men, girls and boys with disabilities by engaging all the public and private sectors as development agents *(KII/Lawyer/Male/47 Years/2018)*

These go to show that the Lagos State had put in place a policy framework to intervene in all disability matters and for the proper inclusion of the PWDs. This framework was further found worthwhile as this study corroborated and aligned with the elements of the transformative politics of CDT. One of the major intentions and central foci of CDT is instantiating the political will to support a society's transformation so that the diverse WWDs' populations become equal participants in the society and are fully socially integrated into their communities. The CDT framework offers an avenue to comprehend the connection between disability and society, and the injections of interests of the PWDs into policy arenas (Hosking, 2008).

However, the study identified a number of challenges affecting LASODA in its realization of its targeted goals and the better implementation of its policies. First, there is much politicking in the structural operations of the agency and this starts from the appointments of officers in the agency and the placement of LASODA under the Ministry of Youths and Social Development. LASODA's responsibilities surpass the purview of the Ministry of Youths and Social Development. The agency's constituted roles make it interface with all the ministries, not just the Ministry of Youths and Social Development considering the different roles they are charged with. There have been many investments made, empowerment programmes instituted and assistive devices provided to enhance the sustainability of the agency and improve the standard of living of the PWDs for their better productivity. Unfortunately, the existing

structure of the agency is making these efforts futile and has become a major impediment to the effectiveness of the agency.

Second, there is a lack of disability experts who have the full understanding and capacity to carry out the stipulated functions of the agency. This is partly because about 85% of their personnel are people living without disabilities who got appointed by the legislative power. For this, the understanding, zeal and diligence to achieve the mission of the agency are lacking. Third, it was observed that LASODA is faced with the challenge of an inaccurate database for the statistics of the WWDs in Lagos state. There is not even proper documentation of cases handled in the agency. When there is no accurate data and documentation, there would definitely be improper planning. Consequent upon all these challenges, 10 Years after the policy framework was enacted and LASODA inaugurated, much is yet to be achieved in the area of significantly instituting the culture of including the PWDS in all the facets of planning and policymaking on the PWDs' matters and the mitigation of their victimisation. Many of the participants (the WWDs and the DPOs) also lamented a worrisome situation. Many of the local government authorities that are to domesticate the policy framework at the grassroots have little or no knowledge of the comprehensive legal and policy framework. As a result, the empowerment, welfare and protection of the rights of the PWDs are not considered in their programmes at the local levels. This has left a large proportion of the WWDs interviewed in this study unprotected and vulnerable to victimisations at various levels. A married and successful WWD said:

> The situation of the WWDs has not been encouraging. Discrimination and neglect still abound even with the presence of the disability laws. The lack of response or very slow and insignificant responses and the nonchalant attitude of the LASODA officers and the other agencies on disability matters have further aggravated the vulnerability of the WWDs. That the Lagos State created the special peoples' law to intervene and protect the rights of the PWDs/WWDs is a welcome development because it has served as a point of reference for the DPOs at both the state and the federal levels in the push for the proper implementation of the established laws that safeguard the rights of the PWDs/WWDs. But unfortunately, the implementation process is still a big challenge; the lack of qualified personnel and reliable information about the PWDs in the state are two major militating factors against this. A lot has to be done to step up the full

implementation in terms of the provision of accessibility measures to solidify the interventions *(CS/Successful WWD/Legal Advocate/45 Years /2018)*

The representative of a DPO focused on women with spinal cord injuries adds thus:

It is almost a decade after enacting the disability law in Lagos State. It is unfortunate that much is yet to be achieved in all the facets of government policies and planning. It is more saddening that most local government authorities have no knowledge of the disability law. Hence, they have no plans for the protection and inclusion of the WWDs. The reason for this is not farfetched. It is because of the placement of LASODA under the Ministry of Youths and Social Development and the inappropriate appointments of personnel for it. The responsibilities that LASODA is charged with transcend the ministry and this hinders the effectiveness of LASODA (*KII/DPO/Manager/Married/Male/55 Years/2018*)

Another single WWD in her late-20s states during an IDI session:

To the best of my knowledge, The Law (the Lagos State Special People's Law, 2010 (as amended) does not have a specific provision detailing the rights of WWDs but the general provisions of the law that deals with the rights of PWDs encapsulate the right of the WWDs. The CentralAims and Rationales of State Policy contains some provisions which are supportive of the WWDs' rights. However, despite these laws, the WWDs are still being discriminated against. Therefore, there is the need for government to engage in aggressive enforcement of these laws and also engage the media to sensitise the populace on the evils of discrimination against the WWDs (*IDI/WWDs/Single/28 Years/2018*)

It was found out in the course of this study that LASODA remains the yardstick used to measure the extent of the protection and inclusion of the PWDs for other states across Nigeria. They had done advocacy, sensitisation, mitigation and had got justice for the WWDs who had been victimised. During the interview sessions with the LASODA officials, a Director stated that they had realised that enlightenment, sensitizationand public awareness are much needed for the PWDs, WWDs and the entire society. To bridge this gap, they often organise stakeholder's forums to which they invite non-state actors like the *Obas* (Kings), community chiefs, members of the corporate world, legal practitioners, security agencies and others to do some reviews

and discuss better ways of implementing the existing disability laws. They go as far as going to the local communities to sensitise those at the grassroots. For instance, there was the case of a woman who had an accident in the course of doing her job and her hand was eventually amputated. The disability law states that such a woman she should be paid thirty-six months' salaries and her gratuity, and trained. If this condition cannot be met, she should be absorbed into the workforce of the concerned company and placed where she can be maximally useful. The case was followed to a logical conclusion by LASODA and she was reinstated because the company could not meet the set conditions. LASODA has intervened in a series of such cases since 2015 when the legal unit of LASODA was created. At the time of this study, 118 cases of victimised PWDs, with about 47 of them being cases of WWDs, were estimated to have been handled by LASODA. The agency has been able to push for the reservation of 1% of the quota for every public sector employment opportunity in Lagos State for the PWDs.

In addition, it has succeeded in persuading the government to reserve5% of the accommodation facilities provided for the staff of the Lagos State Government for the PWDs, provide sign language interpreters at public events involving the state government and its parastatals and put the reservation of some percentage of the employment openings for the WWDs in the Employment Trust Law. The Director of LASODA, in a KII session, states:

> Our policies were guided by the functions we were expected to perform. We formulated our polices to suit all the persons living with disabilities though much is yet to be achieved because of the lack of capable personnel but we are not static. As in one of the cases we had intervened, there was a case of a WWD that became disabled by an accident in her workplace which led to the amputation of one of her hands. Instead of the employer to absorb her into the workforce or pay her gratuity as stated by the disability law, she was discarded. The woman made a report through a DPO; we picked up the case and followed it to a logical conclusion. She was reinstated as the employer could not afford to pay her gratuity as stated by the law. That was how we saved the woman (*KII/Director/Male/56 Years/2018*)

Apparently reacting to the above, people with disabilities have also organised themselves into different disabled organisations to complement LASODA and be an

interface between the PWDs/WWDs and LASODA to domesticate the disability policies at the community level in Lagos State. Extracting from both the national and international disability policies(The United Nations World Programme of Action (WAP) Concerning Disabled Persons, UN General Assembly, 6th session on Social Development, 2005), the Disabled Peoples' Organisations consider their roles to be the most cardinal for the PWDs movement. The roles highlighted include:

1. providing a voice for the PWDs;

2. identifying the needs of the PWDs;

3. expressing clear views on the PWDs' priorities;

4. evaluating the services rendered to the PWDs;

5. advocating attitudinal changes towards the PWDs and creating public awareness on disability matters; and

6. using their platforms as a vehicle of self-development.

The data shows that the DPOs provide the opportunities for the WWDs to develop some skills on the negotiation, organisation, offering common support, sharing of information and, acquire some professional skills. In view of the importance of the WWDs' involvement in the DPOs, it is imperative that their growth is encouraged (United Nations, 2005). For this, the DPOs took it upon themselves to cater for the WWDs by focusing on the different humanitarian services that they can facilitate such as human rights protection, legal assistance, advocacy, capacity building, mentorship, social protection and inclusion to foster the WWDs' development. An instance of intervention was the case of a woman who is a polio survivor from childhood which a DPO handled. According to the narrative, this woman was on crutches; yet, she was always beaten by her husband and that led to her developing stroke. The DPO got to know the case through the woman's siblings and they intervened. They started their intervention from networking with the DPO in the state where the husband worked so that they could track him for a police arrest. They got all the information and arrested him when he came home. The woman was taken away from his custody and he was made to sign an undertaking to pay a part of the hospital bill of the woman. The woman requested divorce afterwards and was helped through the process and later enrolled for vocational training. The DPO also arranged for the mentoring of her kids.

Another instance was an intervention by the Joint National Association of Persons with Disabilities (JONAPWD) which is one of the unified bodies of the PWDs in Nigeria. They engage in various developmental programmes with a major focus on assisting the PWDs. They collaborate with the UNDP Nigeria and the Anambra State government on the programme called Special Target Enterprises Development and Monitor Initiative for PWDs in 2014. This programme was used to empower some WWDs with various vocational skills. These and many others are the types of services rendered and the interventions done by the DPOs. On the mitigation of the victimisation experiences of the WWDs, the project manager of a DPO, in one of the KII sessions, reports a case:

> There was a Yoruba WWD, with about seven children, living with stroke. Yet, she was always being extremely victimised by the husband. We took up her case and pushed it to a logical conclusion by involving, another DPO, LASODA, security agencies and medical practitioners to take care of her till she got healed. She is in our care now as she already sought a divorce and enrolled for a vocation. We mentored and motivated her. *(KII/DPO/Project manager/Female/45 Years/2018)*

A married Yoruba WWD has the following to say about her DPO:

> If I am to give my opinion, I would say the DPOs are trying to some extent irrespective of the challenges they face. It is the people that need to change their orientation. Some WWDs just want to remain vulnerable to exploitation. I know of some WWDs that were provided with wheelchairs by the DPOs for easy mobility. These WWDs sell it, rent it out or resort to begging using poverty as an alibi. *(IDI/WWD/Married/37 Years/2018)*

Another participant from the KII session reports:

> In our organisation, we are advocates and a big family to the WWDs. We collaborate with all the sectors that work on disability matters for intervention in any case. We had achieved a lot in advocacy and awareness creation, legal assistance, policymaking and influencing of policymakers, mentorship, capacity acquisition enabling among others. We are able to achieve all these through self-funding and supports from some other means aside from the government. *(KII/WWD/DPO/37 Years/2018)*

According to a representative of JONAPWD during a KII session, a different opinion was given and the JONAPWD national president quotes it thus:

> We received our first-ever direct funding, which enabled us to create a network of 60 Nigerian NGOs, from USAID. These NGOs attracted us more funding and material assistance. The NGOs were engaged in various developmental programmes with a major focus on assisting the WWDs. An instance is a programme coordinated to empower 30 participants with vocational skills.*(KII/Female/JONAPWD/50 Years/2018)*

These interventions could be overwhelming for a single DPO to handle especially when it is a complicated case tied to many people and requires more money and logistics. In such cases, they sought to collaborate with the other DPOs, some government agencies, civil societies and some development agencies such as the DFID. Same applies when they are to carry out advocacy programmes or some huge projects. Then, they would need to do lots of sensitisations for the WWDs, community stakeholders and the general public. They collaborate and pool resources to achieve the goals. However, many of these programmes, workshops and interventions are still not much felt by many WWDs. This is because they are incoherent, inconsistent and not well planned. This is as a result of lack of funding, lack of long-term focus on issues, non-consideration of the divergence of disabilities, lack of leadership training programmes and a large gap in the social and structural system. All these factors contribute to the DPOs' ineffectiveness and functionality. This is also established by Aderinto (1997) and UNDP (2015) that observe the ineffectiveness of the DPOs. They reveal that the common occupations of the WWDs in Nigeria are begging and petty trading and very few are into farming and menial jobs. The majority (about 60%) are unemployed due to their social conditions of disability. While just about 4% of them have the opportunity to economic empowerment schemes. All these show how ineffective the DPOs in Nigeria are. To a large extent, this ineffectiveness still leaves a large number of the WWDs at the margin of the society; they hope endlessly to get training and empowerment opportunities. The project director of a DPO interviewed in a KII session says:

> In recent times, some international development agency such as DFID had supported JONAPWD in doing some programmes. But soon after the programme lifecycle was over, JONAPWD couldn't maintain their office. That largely shows a lack of sustainability as

a result of a large gap in the Nigerian system. (*KII/Project Director/Male/2018*)

Another DPO representative in the KII session states:

> Every DPO have their focus which determines the roles they play. Though there are general roles, there are peculiar ones as well which is based on the disability focused on. We have tried so much to check excessive discrimination in our DPO and push for inclusive policies but much has not been achieved because of the unfavourable and rigid social and political structures in which we have found ourselves. *(KII/DPO/Female/42 Years/2018)*

In a case study session with a successful WWD who is married and a civil servant, the WWDs says:

> There is a difference between accessibility and effectiveness. Yes, to the best of my knowledge, the laws are truly accessible but the level of effectiveness is not encouraging at all; which is a consequence of lack of funding, lack of deep knowledge of what to do and the complicated nature of Nigeria's polity. *(CS/WWD/Married/45Years/2018)*

The interpretation that could be deduced from the above is that the representation of the WWDs affects how policy and practice respond to their plights. It is no surprise that the WWDs' wider marginalisation has resulted in inadequate attention to disability matters even within sectors that would be expected to provide support and protection for them. This is confirmed by some extant studies (Chenoweth and Cook, 2001; Nixon, 2009; Thiara and Mulender, 20011; Afolayan, 2015) which point to the WWDs' greater vulnerability to all forms of victimisation. In summary, the failure to notice victimisation cases appropriately, believe the victims, provide some protection for the victims and take requisite legal actions were also highlighted by the participants.

This study found and highlighted the roles played and the barriers faced by all the parties involved (state and non-state actors) in disability matters in achieving social inclusion and the protection of the WWDs. The LASODA plays eight major roles which includes registration of WWDs and DPOs, issuance of disability certificates to WWDs, prosecutes victimisation cases of WWDs, monitoring, reviewing, and evaluation of DPOs and other disability activities among others. While non-state

actors perform roles of sensitisation, intervention and investigating victimisation matters of WWDs. However, these actors are yet to document substantial achievements which signposts what is yet to be achieved by both the DPOs and the state actors to protect and cater for the WWDs as a result of the various structural barriers. Some of these barriers seem specific to the actors while some others fit within continued struggle by all the parties involved to provide equal rights and opportunities for the WWDs. It becomes obvious that there is the need for much support for the WWDs to ensure their inclusion in policy matters, ensure their rights to protections and drive for gender equity.

4.6. Investigates the coping strategies employed by the WWDs against victimisation

Coping strategies are measures taken to respond to some burdens and dangerous feelings. As shown in this study, the WWDs suffer multiple jeopardy: gender, social condition and disability. This becomes tough for them because, many times, the negative acts against them start from their immediate family, marriage partners, caregivers and other acquaintances who originally are supposed to be their guardians, protect and care for them so as to enable them to cope with the disability challenges. Unfortunately, the enacted disability laws to protect them in the society are also not properly and effectively implemented. This further exposes them to a number of vulnerabilities in and outside their respective homes. In the absence of their guardians and the protection system, the WWDs have devised some strategies to mitigate or tolerate their victimisation experiences.

This study discovers that the strategies adopted by the WWDs vary. Some of the WWDs adopted some behavioural techniques while some others adopted some cognitive techniques. A large proportion of the WWDs adopted some behavioural techniques as coping strategies; these strategies are also problem-solving in orientation. These problem-solving techniques include: learning vocational skills;going to school to acquire formal knowledge and skills to get them equipped to address the challenges before them;learning specific illness-related procedures such as rehabilitation therapy;setting concrete limited goals;being always vigilant for relevant

information for survival through attending seminars and workshops; andgetting engaged in some menial jobs to provide some services to people among others.

Furthermore, some of the WWDs tried to neutralise the acts of victimisation by living in self-denial of the negative acts against them or minimising the seriousness of the crisis. Some others go as far as using drugs like sleeping pills and narcotics, and disassociating themselves from the victimisers. The adoption of these strategies partially aligns with what Lindomann (1994), in Moos and Tsu (1977), called the "coping skills model". In another part, these adopted strategies also align with Endler and Parker's (1990) and Mosher and Prelow's (2007) categorisations of task-focused and avoidance-focused coping strategies. The task-focused approach is a problem-solving strategy adopted to alleviate victimisation and effectively reduce the burden that comes after victimisation. A married and successful WWD in her late 40s narrates thus:

> For me to cope with all these negativities that surround disability, I get myself engaged in one thing or the other to get me busy. After graduating from the polytechnic, I learnt several vocations as well as attended several seminars, in and outside the DPOs, where I got more enlightened on how we can protect ourselves and make ourselves not to be prone victimisations. I have a job and I am doing very well as a head of department in a ministry but I still find time to go to seminars both as a participant or facilitator. It is all these engagements that keep sustaining me till this point *(CS/WWD/Head of Department/48 Years/2018)*

The avoidance-focused strategies involve not purposively engaging in an activity that is connected to a victimiser or indirectly managing a victimiser. These strategies involve denial, disengagement, disassociation, separation or drug use (Endler and Parker, 1990; Iwameto, Liao and Lui, 2010). The avoidance-focused strategy implies that it may lead to some to other problems and negative outcomes. All the WWDs found on the streets and in the parks stated that they had adopted this strategy which turned them into beggars and destitute though there are some exceptions. A single WWD who eventually turned destitute states thus in an IDI session:

> When the abuse from my family members was much for me, I had to rely on taking sleeping pills so I can sleep and forget my sorrows. But when I wake up after several hours, what happens again? The thoughts of all I passed through in the house come again. I woke up on a particular day and just decided that I had to

leave the house and get myself away from this family. I think it would be preferable to be a loner on the streets to deluding myself by assuming that I am among my family who is traumatising me. I left for the streets, and since then, they never looked for me and I never thought I missed them in any way because I am so sure if I am still with them, I might have died of trauma. I prefer this disassociation from them and living on the streets. (*IDI/WWD/Single/27 Years/2018*)

The spokesperson of JNAPWD who also lives with a disability narrates thus:

We have cases of WWDs who couldn't cope any longer with their victimisers…some family, partners or caregivers. So they have no option than to abscond from home or the care service institutions and run to us. The sensitivity of the case determines our interventions. But mostly, for those with critical cases, what we try to do is to provide succour for them through counselling, motivation, mentoring and so on. For example, if it is partner-victimiser, we either help them seek divorce or separation as she may require. We also help her to seek other means of survival and, maybe, remarry if need be (*KII/WWD/JNAPWD/Spokesperson/2018*)

In another context, few of the WWDs adopted cognitive coping techniques. The cognitive techniques are an emotional-focused technique which has to do with the adoption of some psychological approaches that aid the reduction of stress. This technique involves needing emotional support; having a sense of belonging; affiliating with the DPOs and the other civil societies, and relying on religion-based faith/belief to find succour and supports, and sometimes, healing. This latter part seems more interesting as it shows that religious beliefs are still so much fundamental for the WWDs' survival. This study confirms one of the general statements of Karl Marx, as cited in Yilmaz (2018)- "religion is the opium of the people". A careful reading of this statement provided an essential insight for understanding the consistent recourse to religion in times of crisis and the turn to it for solutions or healing. Because of the strong influence of religion in societies, the WWDs mostly turn to religion for a cure to their disabilities rather than going to seek medical attention. They go to different churches, mosques and other religious programmes to seek miraculous healing of their conditions and find succour in the religious figures that they see as great healers and comforters. This strategy is mostly adopted by the WWDs who are depressed and

anxious as a result of their having experienced domestic violence either from partners or family members. Therefore, just as the WWDs' family attitudes and dynamics are embedded in their cultural values, religious orientations also determine the WWDs' choices of coping strategies.

The identified cognitive coping techniques agree with Endler and Parker's (1990) categorisation which is called the emotion-focused coping strategies. Just like the avoidance-focused strategy, these are also used to reduce psychological stress. It is used instead of disengagement or disassociation. Those who adopt the strategies also seek emotional supports. They are the WWDs who go to religious bodies, DPOs, civil societies, friends and any other places they think they can find succour and emotional supports. A visually successful woman with disability who is a CEO of a DPO in one of the case study sessions says:

> I go to church a lot. I love God so I draw my strength from God. After putting God first, I get supports from my family and diplomatically rely on them. I set goals for myself and never want to see myself as a failure, and lastly, I have mentors who are also PWDs that I share my challenges with and rely on their advice. But majorly, my faith in God has been my strong pillar. (*CS/Successful WWD/CEO/36 Years/2018*)

Another married WWD in an IDI session narrates thus:

> Mainly, many WWDs rely on the interventions of DPOs to find succour. Through the counselling we got from the organised programmes by the DPOs, we got more enlightened on the things we are to do and avoid no to be prone to victimisation and know the ways of coping with them. Some of us adopted the technique of denial or minimising the seriousness of the crisis. We do this for people not to have unwarranted sympathy for us. What we want are a sense of belonging and some humour. By doing this, we are already showing that there is ability in disability. (*IDI/WWD/Married/41 Years/2018*)

Another married WWD in another IDI session narrates how she found succour in her bosom friend:

> I have a bosom friend that is so supportive, mature and understanding. She is an orator who knows how to use words. Whenever my husband and in-laws start their crises with me, I would just call her. She most times come to me to either take me

out or sit with me in my room and tell me all sorts of things to comfort me. Even if she is not chanced to come around, she spends long hours on phone chatting with me to make me lively. She does this any time, any day, any hour *(IDI/WWD/Married/ 32 Years/2018)*

In conclusion, the findings of this study had shown that the coping strategies adopted by an individual WWD are in most times relative to the stages or phases of a challenge and their victimisation experiences. They adopt the behavioural techniques or the solution-focused strategies at the beginning of their victimisation experiences. This may be followed by the emotion or avoidance-focused strategies as the victimisation acts get intense.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Summary of findings

The major findings of this study are summarised as follows:

There are sustained negative social constructions of the WWDs with negative implications for the WWDs' chances in life. The WWDs are continually negatively perceived as devilish, helpless, incompetent, asexual and, irrespective of their kind of disability, intellectually challenged. All these have continuous effects on the lives of the WWDs and the root causes emanate from the cultural underpinnings of Lagos State and Nigeria as a whole.

The WWDs experience multiple victimisations (both physical and non-physical) daily from their partners, families, caregivers, peers, healthcare providers and acquaintances. They experience hostile reactions from the society and, varied physical and social barriers which restrict their day-to-day activities and survival.

There are laws aimed at the protection of people living with disabilities. The Lagos State also established LASODA which works alongside many DPOs to improve the well-being of the WWDs and advance their inclusion. However, because of some challenges such as the absent of social structure in LASODA, insufficient personnel, dearth of disability statistics, lack of funding for the functionality of the DPOs, there has been the improper implementation of the laws which makes the WWDs to remain vulnerable and marginalised.

Finally, the WWDs adopt a number of strategies to cope with their vulnerability and marginalisation. These strategies are summarised into behavioural and cognitive techniques.

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5.2.Conclusion

This study is a significant addition to the growing body of knowledge on the victimisation experiences of the WWDs. It has highlighted several hidden challenges facing the WWDs. The victimisation challenges are both physical, non-physical and/or psychological in form. Interestingly, some WWDs did not consider their experiences as acts of victimisation nor perceived them as detrimental to their well-being. Quite strikingly, those who identified certain victimisation acts are silenced because of their social conditions. They feel unprotected and depend on their victimisers for survival. Many of the WWDs suffer multiple victimisations from different unimagined perpetrators which includes close family relations, partners and caregivers.

Through the well-targeted initiatives and laws, state and non-state actors in Lagos State are taking steps to protect and advance the inclusion of the WWDs in the society. Nonetheless, these interventions have not curbed the incidence of victimisation experienced by the WWDs. This is largely as a result of the lack of proper policy implementation and capable personnel. There is a need for substantial work to sensitise the general population and, protect the rights and inclusion of the WWDs. On a final note, many of the WWDs cope with their victimisation experiences adopting different mechanisms such as relying on some DPOs, friends, religious groups and some other acquaintances who understood their plights and encourages them. While there are some who get engaged in multi-tasking activities like learning vocations, going to school, among others simultaneously just to keep themselves busy away from their victimisers. Finally, some other WWDs especially those that turned destitute adopted running away from their victimisers to avoid being in constant contacts with them. The avoidance focus strategy they adopted is what led them to the street to become homeless and destitute.

5.3. Recommendations

1. There is the need for substantial collaboration between the government and the DPOs to create a good database of WWDs in Lagos state.

2. There should be an intensive sensitisation of the general population to engender an attitudinal change towards the WWDs in particular and the PWDs in general.

3. LASODA and the DPOs should engage capable and professional personnel who understand disability issues for effective policy implementation and protection of the WWDs. Also, they need to tap into the international technical support systems for advocacy engagement and funding for programmes.

4. The DPOs should be trained on the principles of the social model of disability. This will enhance their performance and efficiency in tackling the issues affecting the WWDs.

5. The DPOs should draw on the expertise of the PWDs/WWDs periodically, assist them in developing their works on disability issues, and collaboratively explore means of mainstreaming their activities into the core activities of national and international disabled communities.

6. Since the WWDs already devised the tasked, emotional and avoidance focused strategies to cope with their victimisation experiences, there is the need to logically help these women substantiate these strategies by the government, DPOs and other stakeholders. Also, intensive sensitisation on how to seek and access the necessary helps to further cope with disability and the victimisations they encounter should be done by both the state and non-state actors.

7. While WWDs that had turned destitute by avoiding their victimisers should also be sensitised by the state and non-actors to join suitable DPOs and also access the opportunities created for them for intervention by the DPOs and government.

5.4. Contributions to Knowledge

This study contributes to knowledge of disability and victimisation studies. This was achieved through a holistic approach to the qualitative analysis of the victimisation experiences of the WWDs in Lagos State. This is an issue that has only been studied quantitatively in Nigeria.

Through underscoring the ways that the WWDs thrive and advance in the society despite their victimisation experiences, the study underscores the significance of resilience in disability and victimisation. This undercurrent invites us to appreciate the biographies of the WWDs both individually and collectively. Thus, the prevailing tendency to homogenise the understanding of the PWDs which has dominated studies on disability and victimhood experiences is refuted.

The study has documented the WWDs' victimisation experiences, especially the instances of non-physical victimisation that are detrimental to the WWDs' well-being but mostly discountenanced by the WWDs.

The study contributes to the strategies that can be adopted by disability actors for the proper monitoring, evaluation and implementation of socially inclusive programmes for the WWDs.

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Appendix 1

In-depth Interview Guide for Women with Disability (WWD)

DEPARTMENT OF SOCIOLOGY,
FACULTY OF THE SOCIAL SCIENCES,
UNIVERSITY OF IBADAN,
IBADAN.

Dear Participants,

I am a Ph.D. student of Sociology Department at the Faculty of the Social Sciences, University of Ibadan, Ibadan. I am conducting a research on the topic: "VICTIMIZATION EXPERIENCES OF WOMEN WITH DISABILITY IN LAGOS STATE.''

The primary aim of this research is to examine the victimization experiences of women with disability in Lagos state. I therefore, request you provide sincere answers to the questions. You are assured that all information provided shall be treated with the highest degree of confidentiality and free of opting out at any time you are no longer comfortable to continue.

This Interview session will take a few minutes of your time. Do I have your permission to proceed?

YES (   )   NO (   )

Thanks for your anticipated Co-operation

Yours Faithfully,

OLAITAN, MUHAMMED FAISOL

Socio-Demographic Characteristics of Participants

1. Name of participants (optional)
2. Age: …………………
3. Marital Status: Married (   )   Single (   )   Widowed (   )   Divorced (   )
   Separated (   )
4. Numbers of children (if any)………………………
5. Ethnic group: ………………………………..
6. Educational level: …………………………..
7. Occupation: ………………………………….
8. Income range: ………………………………
9. Religious Affiliation: Christianity (   )   Islam (   )   Traditional (   )
10. How long have you been in this state of condition? ……………………..
11. Disability type: By Birth (   )   By Life Event (   )

    SECTION B: Social Construction and Knowledge of Disability

12. What does being disabled mean to you? **Probe for:** definition of women with disability, classification of women with disability, factors that constitute disability and cultural beliefs of disability.

13. Being in this state of condition, what can you say about the situation of people with disability in Nigeria? **Probe for:** situational report on disability condition from reading and experience and situation of women with disability.

14. Do you have any knowledge or idea about the law put in place in Lagos state to guide/protect people with disability from victimization? **Probe for:** the knowledge she has about the law; description of the legal structure; accessibility and effectiveness of the law and the social actors/non-social actors and the relationship between the legal structure and the UN convention on the Rights of women with Disabilities.

    SECTION C: Dimensions and Prevalence of Victimization

15. What does victimization mean to you? **Probe for:** definition of victimization, if ever being victimized and dimensions of victimization experienced by WWDs known to her.

16. What are the prevalence of victimization ever experienced or know about? **Probe for:** the nature of victimization experienced, the common and frequent victimization experienced by WWDs, peculiarity of victimization, how the victimized issues faced by women with disabilities are handled and the kind of havoc or impact they have on WWDs.

SECTION D: Women with Disability (WWD) and Social Relations

17. Do you live alone or with relatives? **Probe for:** kinds of relationship that exist between women with disability and relatives, kinds of relationship that exist between WWDs and those without disabilities, kinds of relationship that exist between WWDs and other disabled people, how they feel when in the midst of relatively others.

18. Do you belong to any organization? **Probe for:** kinds of organization(s) belonged to, reasons for joining the organization(s), what kind of relationship exist between her and the organization, how does she feel when in the midst of members of the organization(s) and around the organization(s).

SECTION E: Roles of State Actors and Non-State Actors (Government Agencies and DPOs)

19. Do you know any disabled organization (both government and private organizations)? **Probe for:** the disabled organization known to her, description of the organization including their activities; roles, accessibility, effectiveness, constraints and challenges; relationship between the organization with other organizations, NGOs and the state actors (government ministries, and enforcement agencies) and the relationship between the organization and the UN convention on the Rights of women with Disabilities.

20. How effective are these relationships and how has it improve your organization (If) and you individually?

21. Are you aware of any development and assistance programmes being offered in your area? **Probe for:** details of the programmes, accessibility, effectiveness and benefits of the programmes for women with disabilities and legality of the programmes.

22. How can you describe your experience in your organization working with others on disability issues?

23. Have you ever been involved in the collaboration of your organization with others? **Probe for:** roles played

SECTION F: Recommendation

24. How best can state and non-state actors work with disabled people to protect them from being victimized?

25. How can government help in protecting and preventing women and people with disabilities from victimization?

26. What are the other things needed to be added to the legal structure on ground to enhance a much better treatment for the women and people with disabilities in the purview of the legal system?

27. What needs to be done to ensure better inclusion of disabled people in development and assistance programmes?

28. Do you have any further comments?

Appendix 2

Key Informant Interview Guide for Non-State Actors (Disable People Organizations-DPOs)

<div align="center">

DEPARTMENT OF SOCIOLOGY
FACULTY OF THE SOCIAL SCIENCES,
UNIVERSITY OF IBADAN,
IBADAN.

</div>

Dear Participants,

I am a Ph.D. student of Sociology Department at the Faculty of the Social Sciences, University of Ibadan, Ibadan. I am conducting a research on the topic: "VICTIMIZATION EXPERIENCES OF WOMEN WITH DISABILITY IN LAGOS STATE."

The primary aim of this research is to examine the victimization experiences of women with disability in Lagos state. I therefore, request you provide sincere answers to the questions. You are assured that all information provided shall be treated with the highest degree of confidentiality and free of opting out at any time you are no longer comfortable to continue.

This Interview session will take a few minutes of your time. Do I have your permission to proceed?

YES (   )   NO (   )

Thanks for your anticipated Co-operation

Yours Faithfully,

OLAITAN, MUHAMMED FAISOL

Socio-Demographic Characteristics of Non State Actors Organization (DPOs)
1. Name of organization
2. Contact details: Tel: Email:
3. What type of organization are you?
    Eg: International DPO, National DPO, Regional DPO, State DPO or Local DPO
4. Is your organization registered with the Government?
5. How long has your organization been operating?
6. Which areas of the country do you work? (National, State, Local)
7. What are your sources of funding? For example
    Membership fees
    Government grants (which ministries?)
    Local donors (please specify)
    International donors (please specify)
    Other (specify) ………………
8. Types of disability covered? E.g. spinal cord disability, physical disability, the blinds etc.

    SECTION B: Social Construct and Knowledge of Disability

9. What is your definition of disability in this organization? **Probe for:** definition of women with disability, classification of disability and women with disability, what factors constitute disability and cultural belief of disabilities?

10. Does your organization have any policy or guidelines on disability and the inclusion of disability in your programmes?

11. What do you know about the situation of disabled people in Nigeria- from reading and experience of working in the country?

12. How will you describe the legal structure put in place in Lagos state for people with disabilities with more focus on women with disabilities? **Probe for:** accessibility and effectiveness of the law.

    SECTION C: Dimensions and Prevalence of Victimization of WWDs

13. What is the organization's definition of victimization? **Probe for:** Meaning and nature of victimization, what the organization classified as victimization and the dimensions

of victimization faced by women with disabilities, the uniqueness or peculiarity of victimization faced by women with disabilities handled, prevalence of victimization experiences of WWDs and the Impact and havoc of victimization on WWDs.

SECTION D: Disabled People Organizations (DPOs) and Social Relations

14. What kind relationship exist between your organization and disabled people most especially women with disabilities? **Probe for:** Relationship between the organization and their disabled members, relationship between disabled and non-disabled members of the organization, relationship between the organization and women with disabilities, relationship between the organization and relatives of their disabled members.

15. Does your organization have any relationship with the state actors that have to do with disability in government Ministries, NGOs, and other disabled organizations among others with regard to disability issues? **Probe for:** nature and details of the relationship they have with them.

16. How effective are these relationships and how has it improve your organization in handling disability issues?

17. Are you aware of any development and assistance programmes being offered in the areas where your organization works and territory covered? **Probe for:** details of the programmes, benefits of the programmes for women with disabilities and legality of the programmes.

18. Does your relationship with them leads to working with those organizations in support of your programmes for women with disability? **Probe for** details of the work.

19. What has been your experience of working with these other organizations on disability issues?

20. How your organization is involved or what role does your organization play in the collaboration?

SECTION E: Roles of Non-State Actors (DPOs)

21. How has your organization consider disability to be relevant to your work in Lagos state?

22. Does your organization incorporate disability issues into your current core activities? **Probe for:** Description of ways it was incorporated

23. What activities do you carry out to support disability issues and WWDs? **Probe for:** activities such as advocacy, provision of assistive device, income generation projects, policy making context, legal and some other social protections.

24. Have you undertaken any campaigning activities in relation to the UN Convention on the Rights of women with Disabilities?

SECTION F: Recommendation

25. How best can DPOs and mainstream organizations work with disabled people?

26. How can government help in protecting and preventing women and people with disabilities from victimization?

27. What are the other things needed to be added to the legal structure on ground to enhance a much better treatment for the women and people with disabilities in the purview of the legal system?

28. What needs to be done to ensure better inclusion of disabled people in development and assistance programmes?

29. Do you have any further comments?

Appendix 3

Key Informant Interview Guide for State Actors (Government and Law Enforcement Agencies)

<div align="right">

DEPARTMENT OF SOCIOLOGY
FACULTY OF THE SOCIAL SCIENCES,
UNIVERSITY OF IBADAN,
IBADAN.

</div>

Dear Participants,
I am a Ph.D. student of Sociology Department at the Faculty of the Social Sciences, University of Ibadan, Ibadan. I am conducting a research on the topic: "VICTIMIZATION EXPERIENCES OF WOMEN WITH DISABILITY IN LAGOS STATE.''
The primary aim of this research is to examine the victimization experiences of women with disability in Lagos state. I therefore, request you provide sincere answers to the questions. You are assured that all information provided shall be treated with the highest degree of confidentiality and free of opting out at any time you are no longer comfortable to continue.

This Interview session will take a few minutes of your time. Do I have your permission to proceed?

YES (   )   NO (   )

Thanks for your anticipated Co-operation

Yours Faithfully,

OLAITAN, MUHAMMED FAISOL

Socio-Demographic Characteristics of State Actors Agency

1. Name of agency
2. Contact details:
   Tel:
   Email:
3. What type of agency are you?
   Eg: Police agency, legal agency or government agency (LASODA)
4. How long has this agency been handling cases that deal with people with disabilities? **Probe for**: number of cases that has to do with people with disabilities that had been handled in the agency and those that has to do with women with disabilities in particular.

   SECTION B: Social Construct and Knowledge of Disability
5. What is the definition of disability? **Probe for**: definition of disability in legal terms, classification of disability, what constitutes disability and cultural beliefs of disability.
6. Does your agency have any policy or guidelines on disability and the inclusion of disability in your programmes? **Probe for:** contents of the policy guidelines.
7. What do you know about the situation of disabled people in Nigeria- from reading and experience of working in the country?
8. How will you describe the legal structure put in place in Lagos state for people with disabilities with more focus on women with disabilities? **Probe for:** accessibility and effectiveness of the law.

   SECTION C: Dimensions and Prevalence of Victimization of WWDs
9. What is the definition of victimization? **Probe for:** Meaning and nature of victimization, what the agency classified as victimization and the dimensions of victimization faced by women with disabilities, the uniqueness or peculiarity of victimization faced by women with disabilities handled, prevalence of victimization experiences of WWDs and the Impact and havoc of victimization on WWDs.

   SECTION D: State Actors and Social Relations

10. What kinds of relationship exist between your agency and disabled people most especially women with disabilities? **Probe for:** Relationship between the agency and disabled people, relationship between the agency and women with disabilities, relationship between the organization and relatives of disabled people and women with disability.

11. Does your agency have any relationship with the non-state actors and other state actors that have to do with disability such as the DPOs, NGOs, government ministries (ministries of women affairs, education, transportation etc.) and other disabled organizations among others with regard to disability issues? **Probe for:** nature and details of the relationship they have with them.

12. How effective are these relationships and how has it help or improve your agency in handling disability issues?

13. Are you aware of any development and assistance programmes being offered in the areas of the jurisdiction of your agency? **Probe for:** details of the programmes, benefits of the programmes for women with disabilities and legality of the programmes.

14. Does your relationship with them leads to working with those agencies/organizations in support of your legal and social programmes for women with disability? **Probe for** details of the work.

15. What has been your experience of working with these other agencies/organizations on disability issues?

16. How your organization is involved or what role does your agency plays in the collaboration?

SECTION E: Roles of State Actors

17. What are your roles or functions in the society as a state actor agency?

18. How has your agency considers disability to be relevant to your work in Lagos state?

19. Does your agency incorporate disability issues into your current core activities? **Probe for:** Description of ways it was incorporated

20. What activities do you carry out to support disability issues and WWDs? **Probe for:** activities such as advocacy, provision of assistive device, income generation projects, policy making context, legal and some other social protections.

21. Have you undertaken any campaigning activities in relation to the UN Convention on the Rights of women with Disabilities?

SECTION F: Recommendation

22. How best can the legal agencies work with disabled people?

23. How can government help in protecting and preventing women and people with disabilities from victimization?

24. What are the other things needed to be added to the legal structure on ground to enhance a much better treatment for the women and people with disabilities in the purview of the legal system?

25. What needs to be done to ensure better inclusion of disabled people in development and assistance programmes?

26. Do you have any further comments?

Appendix 4

Case Study Guide for Successful Women with Disability (WWD)

DEPARTMENT OF SOCIOLOGY
FACULTY OF THE SOCIAL SCIENCES,
UNIVERSITY OF IBADAN,
IBADAN.

Dear Participants,
I am a Ph.D. student of Sociology Department at the Faculty of the Social Sciences, University of Ibadan, Ibadan. I am conducting a research on the topic: "VICTIMIZATION EXPERIENCES OF WOMEN WITH DISABILITY IN LAGOS STATE.''
The primary aim of this research is to examine the victimization experiences of women with disability in Lagos state. I therefore, request you provide sincere answers to the questions. You are assured that all information provided shall be treated with the highest degree of confidentiality and free of opting out at any time you are no longer comfortable to continue.

This Interview session will take a few minutes of your time. Do I have your permission to proceed?

YES (   )   NO (   )

Thanks for your anticipated Co-operation

Yours Faithfully,

OLAITAN, MUHAMMED FAISOL

Socio-Demographic Characteristics of Participants

1. Name of participants (optional)
2. Age: …………………
3. Marital Status: Married (   )   Single (   )   Widowed (   )   Divorced (   )
   Separated (   )
4. Numbers of children (If any)……………………..
5. Ethnic group: ………………………………..
6. Educational level: …………………………..
7. Occupation and level in work place: ………………………………….
8. Income range: ……………………………….
9. Religious Affiliation: Christianity (   )   Islam (   )   Traditional (   )
10. How long have you been in this state of condition? ……………………..
11. Disability type: By Birth (   )   By Life Event (   )
12. How will you classify/rate your level of success in your pursuits/careers?

    SECTION B: Social Construction and Knowledge of Disability
13. What does being disabled mean to you? **Probe for:** definition of women with disability, classification of women with disability, factors that constitute disability and cultural belief of disability.
14. Being in this state of condition, what can you say about the situation of people with disability in Nigeria? **Probe for:** situational report on disability condition from reading and experience and situation of women with disability.
15. Do you have any knowledge or idea about the law put in place in Lagos state to guide/protect people with disability from victimization? **Probe for:** the knowledge she has about the law; description of the legal structure; accessibility and effectiveness of the law and the social actors/non-social actors and the relationship between the legal structure and the UN convention on the Rights of women with Disabilities.

    SECTION C: Dimensions and Prevalence of Victimization

16. What does victimization mean to you? **Probe for:** definition of victimization, if ever being victimized and dimensions of victimization experienced by WWDs.
17. What are the prevalence of victimization ever experienced or know about? **Probe for:** the nature of victimization experienced, the common and frequent victimization experienced by WWDs, peculiarity of victimization, how the victimized issues faced by women with disabilities are handled and the kind of havoc or impact they have on WWDs.

SECTION D: Women with Disability (WWD) and Social Relations
18. Do you live alone or with relatives? **Probe for:** kinds of relationship that exist between women with disability and relatives, kinds of relationship that exist between WWDs and those without disabilities, kinds of relationship that exist between WWDs and other disabled people, how they feel when in the midst of relatively others.
19. Do you belong to any organization? **Probe for:** kinds of organization(s) belonged to, reasons for joining the organization(s), what kind of relationship exist between her and the organization, how does she feel when in the midst of members of the organization(s) and around the organization(s).

SECTION E: Roles of Social-Actors and Non-Social Actors (Government Agencies and DPOs)
20. Do you know any disabled organization (both government and private organizations)? **Probe for:** the disabled organization known to her, description of the organization including their activities; roles, accessibility, effectiveness, constraints and challenges; relationship between the organization with other organizations, NGOs and the state actors (government ministries and enforcement agencies) and the relationship between the organization and the UN convention on the Rights of women with Disabilities.
21. How effective are these relationships and how has it improve your organization (If) and you individually?
22. Are you aware of any development and assistance programmes being offered in your area? **Probe for:** details of the programmes, accessibility, effectiveness and benefits of the programmes for women with disabilities and legality of the programmes.
23. How can you describe your experience in your organization working with others on disability issues?
24. Have you ever been involved in the collaboration of your organization with others? **Probe for:** roles played

SECTION F: Recommendation
25. How best can the legal agencies work with disabled people to protect them from being victimized?
26. How can government help in protecting and preventing women and people with disabilities from victimization?
27. What are the other things needed to be added to the legal structure on ground to enhance a much better treatment for the women and people with disabilities in the purview of the legal system?

28. What needs to be done to ensure better inclusion of disabled people in development and assistance programmes?
29. Do you have any further comments?

Appendix 5

Letter of Introduction

DEPARTMENT OF SOCIOLOGY
UNIVERSITY OF IBADAN

Rasidi A. Okunola (PhD)
(g. H.O.D
Tel: 08023380135
e-mail: ra.okunola@gmail.com

13th September, 2017.
The General Manager,
Office for Disability Affairs,
Lagos State,
Alausa,
N'gena

Dear Sir/Ma,

Letter of Introduction: Muhammed Faisol OLAITAN

I write to request your assistance in respect of the above named who is a PhD student under my supervision.

Mr. Olaitan is interested in Deviant behaviours, victimology and criminology. The Lagos State Office for Disability Affairs (LASODA) is central and crucial to his research interest because of its coverage on issues relating to disability matters. His thesis is entitled **Victimization Experiences and Coping Strategies of Women with Disability (WWD) in Lagos State**. The objectives of his study are to: Examine the social construction of women with disabilities; Investigate the dimensions and patterns of victimization encountered by women with disabilities; Examine how disability status shapes the social relations of WWD; Investigate the coping strategies being employed by victimized women with disabilities; Explore the roles played by state actors and non-state actors on victimization cases involving women with disabilities

As a field work for his PhD program to achieve the aforementioned objectives, Mr. Olaitan requires the assistance of LASODA in understanding the roles played by LASODA, the dimensions of victimization experiences and coping strategies of WWDs known to the agency as well as to help him link up with other state actors (other government agencies dealing with disability matters such as the police and lawyers), non-state actors (disable people organizations) and the women living with disability.

Find attached the research instruments intended to be used to gather data from the respondents.

I therefore solicit your assistance in this regard.

Thank you.

Dr. Oludayo Tade,
Senior Lecturer,
Sociology Department,
Faculty of the Social Science,
University of Ibadan.
dotad2003@yahoo.com, 08033515003

Appendix 6

LASODA letter of information

LAGOS STATE GOVERNMENT

Dr. Oludayo Tade
Senior Lecturer,
Sociology Department,
Faculty of the Social Science,
University of Ibadan
Ibadan.

RE: INFORMATION REQUEST FROM MUHAMMED FAISOL OLAITAN

I am directed to refer to your letter dated 13th September, 21017 requesting information of People Living with Disabilities (PWDs) from the LASODA to enable you complete your Ph.D. in Sociology and thesis entitled " Victimization Experiences and coping Strategies of Women with Disability" (WWD) in Lagos State.

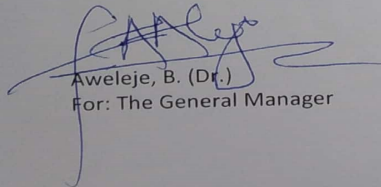2.   Attached herewith are the information on the two tables,

NUMBER OF PEOPLE LIVING WITH DISABILITIES (PWDs) REGISTERED WITH LAGOS STATE AS AT 2017

YEAR 2017	MALE	FEMALE
	1769	2768

SUMMARY REPORT ACROSS DISABILITY TYPES AND GENDER FOR 2015

S/N	DISABILITY TYPE NAME	GENDER	
		MALE	FEMALE
1	Intellectual/Neuro-dev.	29	15
2	Other not specified e.g. paralysis	8	5
3	Physical	186	104
4	Sensory	583	387
	TOTAL	806	511

3.   Thank you.

Aweleje, B. (Dr.)
For: The General Manager